

Maryland Behavioral Health Administration

Department of Health and Mental Hygiene



PREVENTION PROGRAM ANNUAL REPORT

**FISCAL YEAR
2015**

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Boyd K. Rutherford, Lt. Governor



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The Department, in compliance with the Americans with Disabilities Act, ensures that qualified individuals with disabilities are given an opportunity to participate in and benefit from DHMH services, programs, benefits, and employment opportunities.

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INTRODUCTION

BEHAVIORAL HEALTH ADMINISTRATION

The Maryland Behavioral Health Administration (BHA) is the single state agency responsible for the provision, coordination, and regulation of the statewide network of substance abuse prevention, intervention, treatment and recovery services. It serves as the initial point of contact for technical assistance and regulatory interpretation for all Maryland Department of Health and Mental Hygiene (DHMH) prevention and certified treatment programs.

WHAT IS PREVENTION?

Prevention is the promotion of constructive lifestyles and norms that discourage drug use. It is the development of social environments that facilitate healthy lifestyles. Prevention is achieved through the application of multiple strategies; it is an ongoing process that must relate to each emerging generation.

Funded programs are developed in cooperation with local jurisdictions and communities and are designed and implemented for all age groups.

There is a special emphasis on implementing programming that incorporates:

- ▶ Best Practices based on sound theory and research
- ▶ Knowledgeable and competent staff
- ▶ Services that are culturally appropriate
- ▶ Collaborative partnerships
- ▶ Evaluation

PREVENTION NETWORK

In support of this process, BHA has established a county prevention coordinator system, an established, successful and recognized strategy to plan, deliver, coordinate, and monitor prevention services that meet the varying needs of each local subdivision.

Prevention coordinators communicate with and serve as resources for the community. There is a designated prevention coordinator in each of Maryland's 24 subdivisions. Prevention coordinators work closely with all elements of the community to identify needs, develop substance abuse projects, implement programs and obtain funding.

OVERVIEW

The State Prevention System Management Information System (SPS-MIS) is a project by the Center for Substance Abuse Prevention (CSAP) to provide computer-based tools to the states in support of state substance abuse prevention activities. These tools include a process evaluation tool called the Minimum Data Set (MDS), and a general-purpose evaluation Database Builder (DbB) tool. The MDS and DbB were developed by ORC Macro under contract to CSAP, and are available at no charge to the states. These tools are designed to work in concert with CSAP's Prevention Technology Platform to support evaluation of prevention activities by states, communities, providers, and individuals.

SYSTEM ARCHITECTURE

The MDS is a Web-based client-server data collection system that uses Internet technology, including standard Web browsers like Microsoft Internet Explorer to collect evaluation data. The MDS is run from a centralized database and web server at the state level. The MDS collects very specific process and group level information and serves as the main repository for prevention program data collection in Maryland.

The Minimum Data Set system was designed to collect basic process data about the services provided. The MDS collects a small set of well-defined data about each prevention service. All information collected about service participants is only at the whole-group level. MDS data includes the type of service, target population, group and activity information, dates the service was performed, and applicable CSAP strategy. Other data such as item counts, participant demographics, and state-defined data are also collected. The MDS data collection system is uniform across the state and implements extensive validations to ensure it is internally consistent.

The MDS system is designed to run under state control, and does not require continued federal involvement for its ongoing operation. A server at the state level runs the application code and serves as the repository for all data collected. The Internet allows providers to communicate with this server over the Web. Therefore, data can be entered from any location where an Internet connection and Web browser are available.

Prevention Services In Maryland

Figure 1
Total Numbers Served
FY 2012-2015

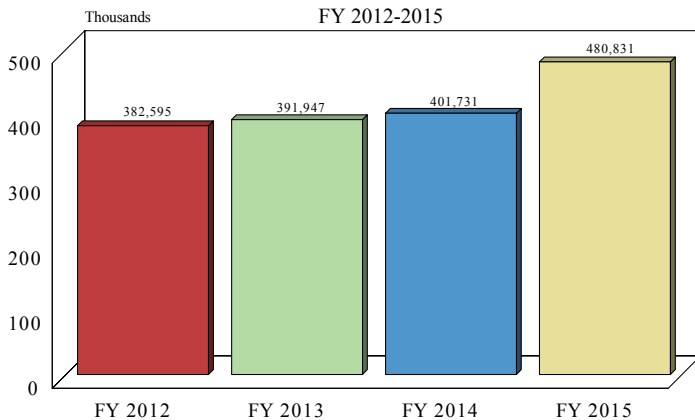


Figure 2
Program Characteristics
FY 2015

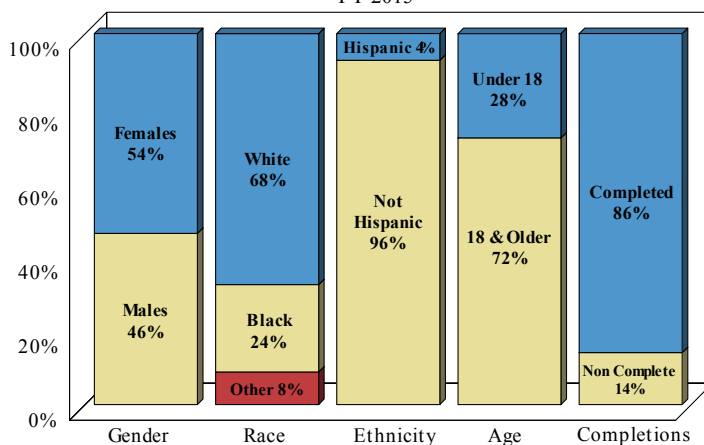
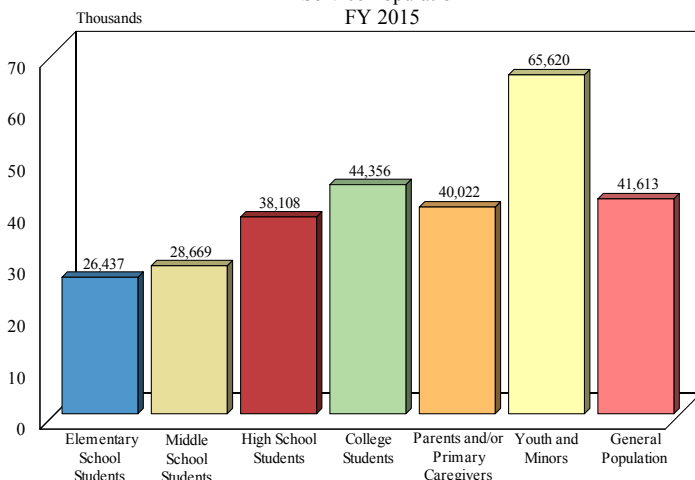


Figure 3
Service Population
FY 2015



NUMBERS SERVED

In fiscal year 2015 over 480,000 individuals received prevention services in Maryland. Beginning in FY 2012, the Behavioral Health Administration, in alignment with substance abuse prevention research and federal prevention priorities, initiated a policy change which required local jurisdictions to use at least 50% of their Prevention Block Grant funding on *Environmental Prevention Strategies*. These strategies are designed to change community-level conditions, policies and practices, rather than individual-level factors, and are shown to be more likely to result in community-level reductions in substance use and abuse than individual-level prevention activities alone. As a result of this policy change, the Administration saw an increase in single service prevention activities and numbers served during fiscal year 2015.

PROGRAM CHARACTERISTICS

Age

Approximately three quarters (72%) of all individuals receiving prevention services in fiscal year 2015 were 18 years of age and older. Figures show about 27 percent were parents or primary caregivers. Programs targeting high risk youth represented 13 percent of those individuals receiving prevention services.

Gender, Race and Ethnicity

Females represented a slightly higher distribution (54%) than males (46%) in fiscal year 2015. Caucasians (68%) and African Americans (24%) accounted for the majority of the population receiving prevention services (Figure 2). Some gains are being made in service delivery to a growing statewide Hispanic population. In fiscal year 2015, four percent of the total population served were Hispanic.

Program Completions

Recurring prevention programs showed an overall statewide completion rate of 86% in fiscal year 2015. Program completion rates have remained steady over the last four years.

SERVICE POPULATION

During fiscal year 2015, Maryland offered prevention services to 26 different service populations. The majority of individuals receiving services were parents and school aged children (Figure 3).

Prevention Services in Maryland

PREVENTION PROGRAM DATA

In the State of Maryland, over 480,000 people received prevention services in fiscal year 2015.

Recurring Prevention Programs

Recurring prevention programs are defined by the following criteria:

- ▶ The program must meet with the same group of individuals within the specified service population for a minimum of four separate occasions.
- ▶ The program must be an approved SAMHSA Evidence-based Program.
- ▶ The program must be partially or fully BHA funded and coordinated through the county prevention office.

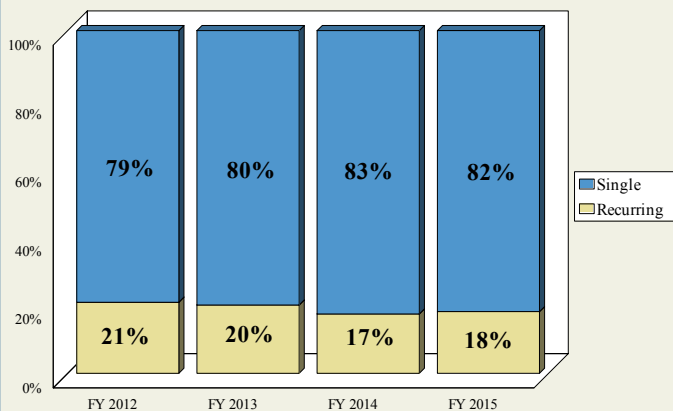
In fiscal year 2015, a total of 284 recurring prevention programs were offered across the state of Maryland. The total number of individuals actively participating in BHA funded recurring prevention programs was 7,270.

Single Service Activities

Single service prevention activities are defined as activities that include, but are not limited to, presentations, speaking engagements, community services, training services, technical assistance and programs with the same population occurring less than four separate occasions.

In fiscal year 2015, a total of 1,294 single service prevention services were offered throughout the state of Maryland. The total number of individuals served through single service prevention activities was 473,561.

Figure 4
Prevention Programs by Program Type
FY 2012-2015



SERVICE POPULATION

During fiscal year 2015, Maryland offered prevention services to 26 different service populations. Table 1 shows the service population distribution for fiscal year 2015.

Table 1
Numbers Served by Service Population
FY2015

Service Population	Numbers Served
Business and Industry	1870
Civic Groups/Coalitions	6262
College Students	44,356
Children of Substance Abusers	291
Delinquent/Violent Youth	128
Economically Disadvantaged People	124
Elementary School Students	26,437
General Population	202,422
Government/Elected Officials	786
Health Professionals	3355
High School Students	38,108
Homeless/Runaway Youth	383
Law Enforcement/Military	1554
Middle/Junior High School Students	28,669
Older Adults	1845
Parents/Families	40,022
People in Recovery	1562
People Using Substances	1743
People with Disabilities	168
People with Mental Health Problems	467
Pregnant Females	896
Preschool Students	446
Prevention/Treatment Professionals	10,655
Religious Groups	828
Teachers/Administrators/Counselors	2194
Youth/Minors	65,260
Total	480,831

Maryland Prevention Demographics

STATEWIDE DEMOGRAPHIC PROFILE

All information represented in this report was obtained using CSAP's Minimum Data Set (MDS). MDS data includes demographic data on numbers served, the type of service, target population, group and activity information, dates the service was performed, risk factors and applicable CSAP strategy.

GENDER

Figure 5 shows the statewide distribution of gender for prevention program participants in fiscal year 2015. Fifty-four percent of program participants were female while 46 percent of the participants statewide were male. A breakdown of jurisdictional data gathered in the last four years show a trend of relatively equal distribution between males and females in most subdivisions.

AGE

During fiscal year 2015, approximately three quarters of the prevention program participants (72%) receiving services were adults over 18 years of age. Parents comprised 27 percent of those adults who attended prevention programs in fiscal year 2015. Youth under the age of 18 represented 28% percent of individuals participating in prevention programs. All age categories for prevention programs are shown in Figure 6.

RACE AND ETHNICITY

CSAP has defined five racial categories for use by states to provide consistency in reporting MDS data on a national level. For the purposes of this report, BHA has combined three of the five racial groups into one standard category defined as "Other." The "Other" category includes American Indian, Asian, and Native Hawaiian.

Caucasians accounted for 68 percent of program participants while African Americans comprised 24 percent of the individuals attending prevention programs in fiscal year 2015 (Figure 7). In addition, Hispanics represented four percent of the participants receiving prevention services in fiscal year 2015.

Figure 5
Gender Distribution FY 2015

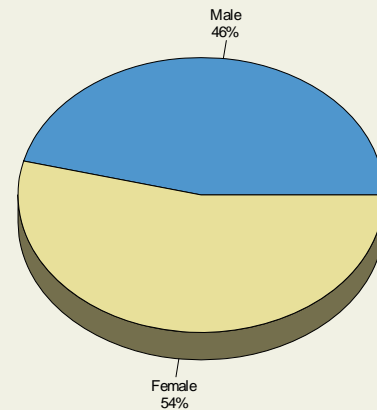


Figure 6
Age Distribution FY 2015

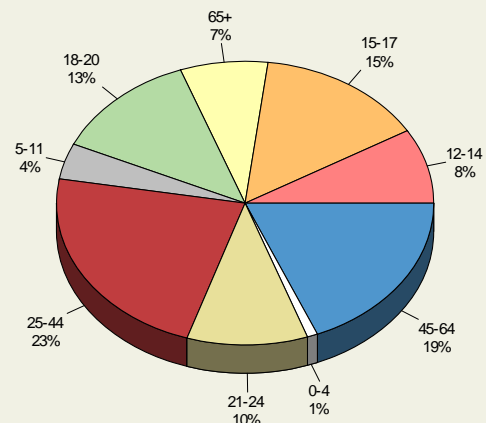
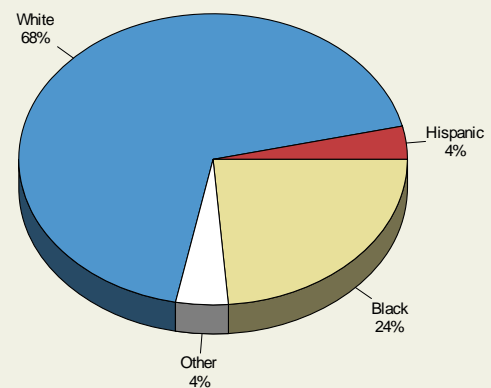


Figure 7
Race Distribution FY 2015



Recurring Program Completions

Table 2
Recurring Program Completions
Fiscal Year 2015

COUNTY	Total Number of Participants	Total Number of Completions	Percentage Completed
Allegany	103	90	87%
Anne Arundel	213	179	84%
Baltimore City	2182	1883	86%
Baltimore	205	177	86%
Calvert	153	129	84%
Caroline	9	9	100%
Carroll	349	305	87%
Cecil	371	334	90%
Charles	85	76	89%
Dorchester	217	185	85%
Frederick	180	154	86%
Garrett	436	372	85%
Harford	71	60	85%
Howard	143	126	88%
Kent	9	9	100%
Montgomery	509	433	85%
Prince George's	584	491	84%
Queen Anne's	304	254	84%
St. Mary's	272	235	86%
Somerset	21	18	86%
Talbot	364	309	85%
Washington	89	74	83%
Wicomico	183	159	87%
Worcester	163	137	84%
Bowie St.	24	24	100%
Frostburg	18	18	100%
Towson	0	0	0%
U.M.E.S	13	13	100%
Total	7270	6253	86%

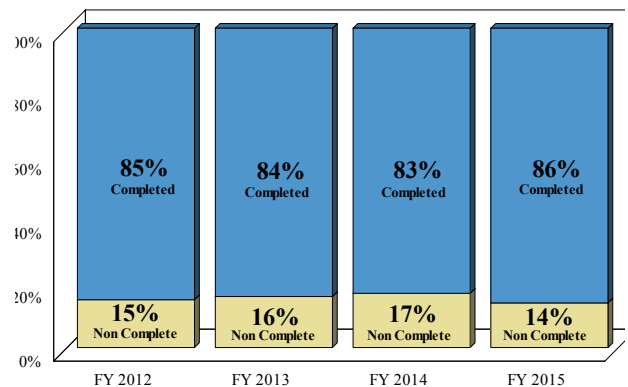
PROGRAM COMPLETION

The Behavioral Health Administration recognizes and promotes the diversity of prevention programs offered throughout the state of Maryland. As such, the Administration does not have one universal definition for what constitutes a program completion. A participant's completion is defined by each individual program and is based upon the criteria outlined in the program curriculum.

COMPLETION PERCENTAGES

Completion rates statewide (Figure 8) have steadily averaged 85 percent in the last four years. Table 1 shows the jurisdictional breakdown of individuals served in recurring programs and those who successfully completed the program.

Figure 8
Completion Percentages
FY 2012-2015



The average Statewide completion rate for fiscal year 2015 was 86%.



CSAP Strategies

All strategies and service types reported in the BHA Prevention Program Activity Report by each individual program are based on CSAP's six primary prevention strategies. These six strategies provide a common framework for data collection on primary prevention services. Table 3 below shows the total number of individuals served by jurisdiction and CSAP strategy.

Table 3
CSAP Strategies and Number of Participants Served
Fiscal Year 2015

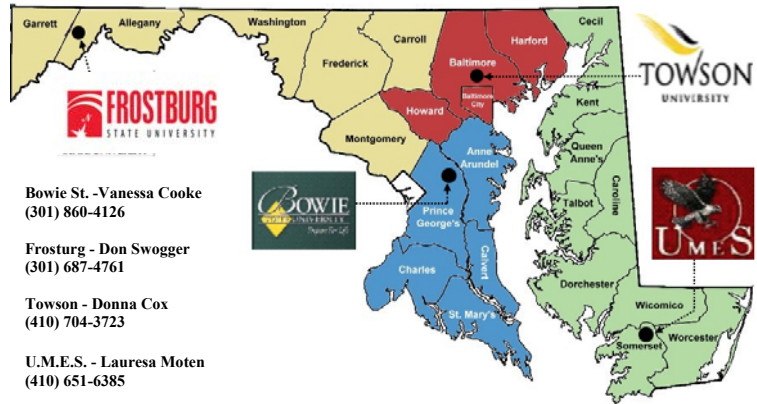
County	Alternatives	Community Based Process	Education	Environmental	Information Dissemination	Problem ID And Referral	Total
Allegany	1340	1054	101	34,070	972	482	38,019
Anne Arundel	8	1928	213	5	200	10	2364
Baltimore City	76	176	2159	272	0	1415	4098
Baltimore	5301	852	71	57,634	3645	0	67,503
Calvert	1525	479	153	1080	1028	50	4315
Caroline	0	9750	9	605	0	0	10,364
Carroll	1591	7808	671	46,676	2617	98	59,461
Cecil	0	768	371	23,859	4877	0	29,875
Charles	865	0	85	540	1068	0	2558
Dorchester	1545	76	217	297	192	0	2327
Frederick	0	494	142	61,049	1550	0	63,235
Garrett	10,805	407	504	3918	1000	0	16,634
Harford	2467	972	0	5570	9387	0	18,396
Howard	2676	50	0	225	0	0	2951
Kent	17	23	9	93	0	0	142
Montgomery	9	462	385	700	917	0	2473
Prince George's	2913	173	443	44,236	4736	0	52,501
Queen Anne's	0	598	0	2366	1527	0	4491
St. Mary's	0	0	272	1250	118	0	1640
Somerset	0	346	0	0	1007	0	1353
Talbot	0	783	10	6388	0	5	7186
Washington	12	375	89	8015	98	4	8593
Wicomico	19	833	183	18,432	1785	0	21,252
Worcester	13,319	361	94	3659	70	89	17,592
Bowie St.	1008	0	2111	0	0	0	3119
Frostburg	5257	1181	1027	1005	9259	24	17,753
Towson	4171	3140	160	10,007	1933	50	19,461
U.M.E.S.	848	0	13	56	216	42	1175
TOTAL	55,772	33,089	9492	332,007	48,202	2269	480,831
PERCENTAGE	12%	7%	2%	69%	10%	<1%	100%

College Prevention Centers

COLLEGE INITIATIVE

The BHA funds four strategically located ATOD College Prevention Centers at Frostburg University, Towson University, Bowie State University and the University of Maryland Eastern Shore who receive funding to support ongoing ATOD efforts on college campuses. A primary focus of these centers is to provide education and training for college students regarding ATOD prevention by creating and/or enhancing peer education networks. Each college prevention center is also responsible for the collaboration and development of ATOD campus policies and to provide a process for linkages with other colleges

within the region to promote ATOD prevention strategies. In fiscal year 2015, the college centers provided prevention services to 41,508 individuals statewide with a primary focus on peer education. Figures 9-12 show demographic characteristics for all four college ATOD prevention centers for fiscal year 2015.



Bowie St. - Vanessa Cooke
(301) 860-4126

Frostburg - Don Swogger
(301) 687-4761

Towson - Donna Cox
(410) 704-3723

U.M.E.S. - Lauresa Moten
(410) 651-6385

INDIVIDUALS SERVED BY COLLEGE PREVENTION CENTERS FISCAL YEAR 2015

Figure 9
Gender Distribution

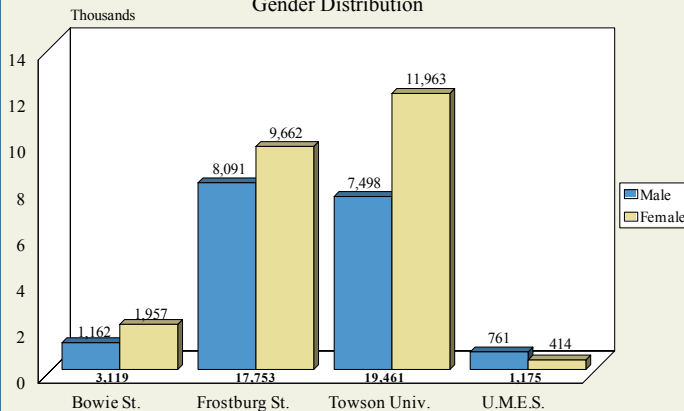


Figure 10
Race Distribution

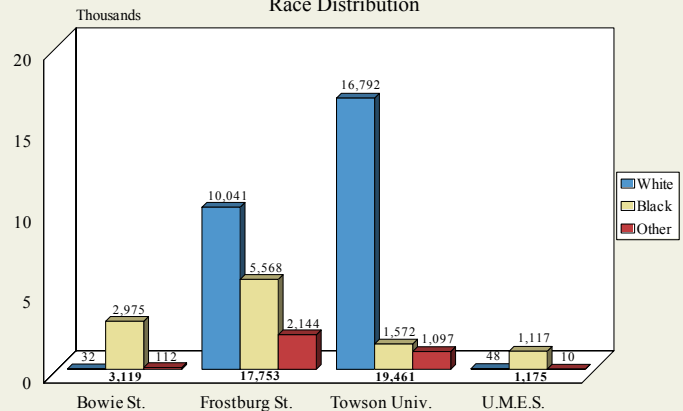


Figure 11
Statewide Gender Distribution

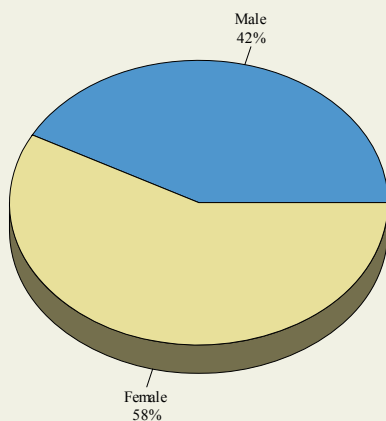
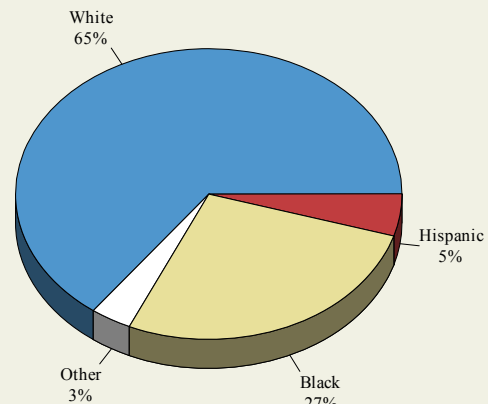


Figure 12
Statewide Race Distribution



CSAP Evidence-Based Programs

Table 4
Numbers Served By CSAP Model Program
Fiscal Year 2015

Evidence-based Program	Number of Programs	Numbers Served
All Stars	3	173
Creating Lasting Family Connections (CLFC)	1	101
Communities Mobilizing for Change on Alcohol (CMCA)	6	2354
Dare To Be You (DTBY)	4	403
Guiding Good Choices (GGC)	4	392
Life Skills Training (LST)	7	2081
Parenting Wisely	2	106
Second Step	5	683
Strengthening Families Program (SFP)	8	888
Total	40	7181

WHAT IS EVIDENCE-BASED?

In the health care field, evidence-based practice (or practices), also called EBP or EBPs, generally refers to approaches to prevention or treatment that are validated by some form of documented scientific evidence. What counts as "evidence" varies. Evidence often is defined as findings established through scientific research, such as controlled clinical studies, but other methods of establishing evidence are considered valid as well. Evidence-based practice stands in contrast to approaches that are based on tradition, convention, belief, or anecdotal evidence.

http://nrepp.samhsa.gov/02_about.aspx

NATIONAL REGISTRY OF EVIDENCE-BASED PROGRAMS & PRACTICES (NREPP)

The National Registry of Evidence-based Programs and Practices (NREPP) is a voluntary rating and classification system for mental health and substance abuse prevention and treatment interventions. The system is designed to identify, review, and disseminate information about interventions. All BHA funded evidence-based prevention programs were selected from NREPP.

EVIDENCE-BASED PRACTICE IN THE CONTEXT OF NREPP

NREPP does not offer a single, authoritative definition of evidence-based practice. SAMHSA expects that people who use this system will come with their own perspectives and contexts for understanding the information that NREPP offers. By providing a range of objective information about the research that has been conducted on each particular intervention, SAMHSA hopes users will make their own judgments about which interventions are best suited to particular needs.

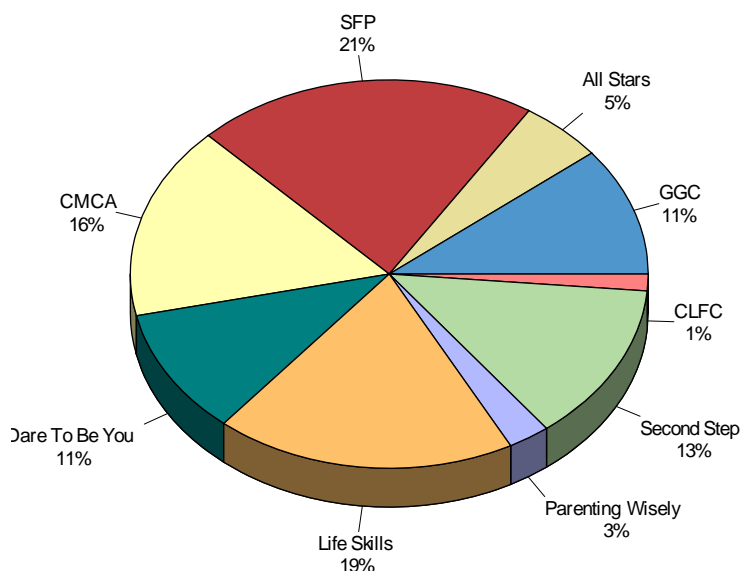
http://nrepp.samhsa.gov/02_about.aspx

For more information on NREPP please visit:

<http://www.samhsa.gov/nrepp>

Table 4 shows the number of individuals served by evidence-based program for fiscal year 2015. Figure 19 shows evidence-based program distribution for fiscal year 2015.

Figure 13
Evidence-based Program Distribution
FY 2015



Institute of Medicine (IOM) Category

Table 5
Numbers Served By Intervention Type (IOM Category)
Fiscal Year 2015

County	Universal	Selected	Indicated	Total
Allegany	37,775	73	171	38,019
Anne Arundel	159	52	2153	2364
Baltimore City	2792	1306	0	4098
Baltimore	67,422	81	0	67,503
Calvert	3672	220	423	4315
Caroline	10,364	0	0	10,364
Carroll	57,440	1074	947	59,461
Cecil	26,491	3381	3	29,875
Charles	2558	0	0	2558
Dorchester	2327	0	0	2327
Frederick	63,007	228	0	63,235
Garrett	16,434	0	200	16,634
Harford	10,782	7614	0	18,396
Howard	2951	0	0	2951
Kent	134	8	0	142
Montgomery	2156	317	0	2473
Prince George's	51,415	1086	0	52,501
Queen Anne's	4491	0	0	4491
St. Mary's	1640	0	0	1640
Somerset	1353	0	0	1353
Talbot	6999	57	130	7186
Washington	8242	325	26	8593
Wicomico	21,010	198	44	21,252
Worcester	17,254	161	177	17,592
Bowie St.	1008	2111	0	3119
Frostburg	17,753	0	0	17,753
Towson	15,518	3168	775	19,461
U.M.E.S.	848	248	79	1175
Total	453,995	21,708	5128	480,831
Percentage	94%	5%	1%	100%

IOM CATEGORY DEFINITIONS

Universal - Universal prevention strategies address the entire population (national, local community, school, neighborhood), with messages and programs aimed at preventing or delaying the abuse of alcohol, tobacco, and other drugs. The mission of universal prevention is to deter the onset of substance abuse by providing all individuals the information and skills necessary to prevent the problem. Universal prevention programs are delivered to large groups without any prior screening for substance abuse risk. The entire population is assessed as at-risk for substance abuse and capable of benefiting from prevention programs.

Selected - Selected prevention strategies target subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment--for example, children of adult alcoholics, drop-outs, or students who are failing academically. Selective prevention targets the entire subgroup regardless of the degree of risk of any individual within the group. The selective prevention program is presented to the entire subgroup because the subgroup as a whole is at higher risk for substance abuse than the general population.

Indicated - Indicated prevention strategies are designed to prevent the onset of substance abuse in individuals who do not meet DSM-IV criteria for addiction, but who are showing early danger signs, such as falling grades and consumption of alcohol and other gateway drugs. The mission of indicated prevention is to identify individuals who are exhibiting early signs of substance abuse and other problem behaviors associated with substance abuse and to target them with special programs. Indicated prevention approaches are used for individuals who may or may not be abusing substances, but exhibit risk factors that increase their chances of developing a drug abuse problem.

Environmental Strategies

ENVIRONMENTAL STRATEGIES

In FY 2015, the Behavioral Health Administration, in alignment with substance abuse prevention research and federal prevention priorities, initiated a policy change which required local jurisdictions to use at least 50% of their Prevention Block Grant funding on *Environmental Prevention Strategies*. These strategies are designed to change community-level conditions, policies and practices, rather than individual-level factors, and are shown to be more likely to result in community-level reductions in substance use and abuse than individual-level prevention activities alone.

Through the focus on environmental strategies, BHA-funded County Prevention Coordinators devote a great deal of their time and attention to working with community members, coalitions and community agency partners to:

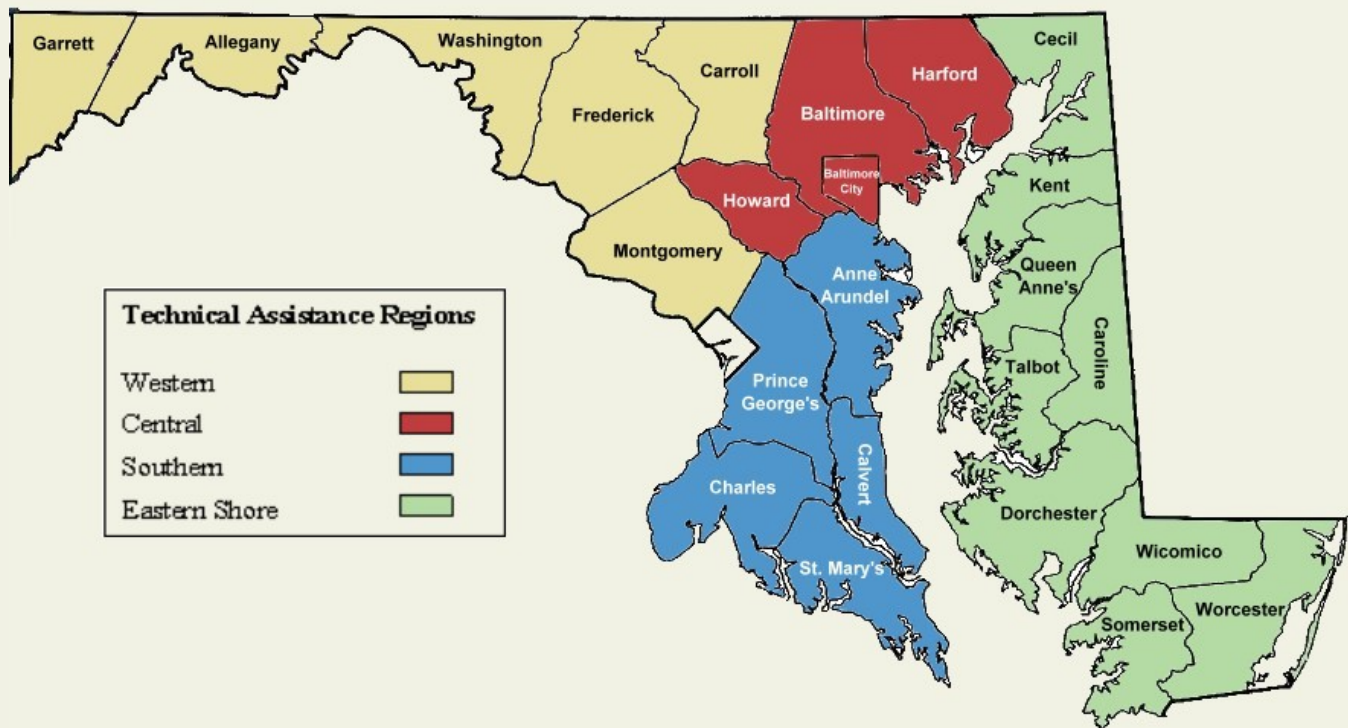
- reduce the availability of alcohol and other drugs in the community
- increase youth and parent awareness of the harms and risks of substance abuse
- strengthen alcohol and drug law enforcement and adjudication
- change community norms, attitudes and policies that are tolerant of substance use
- send clear, consistent messages through multiple media and forums about the health, safety, legal, social and personal consequences of substance use and abuse
- mobilize communities to action

Through the environmental approach, Prevention Coordinators assist the community to use data to assess community needs and develop plans to address those needs; implement environmental strategies that are most likely to work in their specific community; and evaluate the effectiveness of those strategies. With environmental strategies, progress will be measured not by the number of individuals who receive direct services, but rather by actual changes in levels of community substance use and consequences over time.

Table 6
Numbers Served by Environmental Strategy
FY2015

County	Total Served	Environmental Numbers Served	Percentage of Total Numbers Served
Allegany	38,019	34,240	90%
Anne Arundel	2364	5	<1%
Baltimore City	4098	272	7%
Baltimore	67,503	57,634	85%
Calvert	4315	1080	25%
Caroline	10,364	605	6%
Carroll	59,461	46,676	78%
Cecil	29,875	23,859	80%
Charles	2558	540	21%
Dorchester	2327	297	13%
Frederick	63,235	61,049	97%
Garrett	16,634	3918	24%
Harford	18,396	5570	30%
Howard	2951	225	8%
Kent	142	93	65%
Montgomery	2473	700	28%
Prince George's	52,501	44,236	84%
Queen Anne's	4491	2366	53%
St. Mary's	1640	1250	76%
Somerset	1353	37	3%
Talbot	7186	6388	89%
Washington	8593	8015	93%
Wicomico	21,252	18,432	87%
Worcester	17,592	3659	21%
Bowie St.	3119	0	0%
Frostburg St.	17,753	835	5%
Towson	19,461	10,007	51%
U.M.E.S	1175	19	2%
Total	480,831	332,007	69%

COUNTY PREVENTION DATA



ALLEGANY COUNTY



Prevention Coordinator

Chris Delaney
(301) 759-5050

College Coordinator

Don Swogger
(301) 687-4761

SAMHSA EVIDENCE-BASED PROGRAMS

- Creating Lasting Family Connections

DEMOGRAPHICS

GENDER

Figure 14 shows the countywide distribution of prevention programs for gender. Females represented 52 percent of program participants while 48 percent of the participants countywide were male.

AGE

During fiscal year 2015, 29 percent of all those participating in prevention programs were parents or primary care givers. Figure 15 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians accounted for 92 percent of the racial distribution receiving prevention services while African Americans comprised 7 percent. Figure 16 shows the overall county distribution for Race/Ethnicity.

- The total number of individuals receiving prevention services through the Allegany County prevention office was 38,019 in fiscal year 2015.
- The ATOD Center at Frostburg State University served 17,753 individuals in fiscal year 2015.

Figure 14
Gender Distribution FY 2015

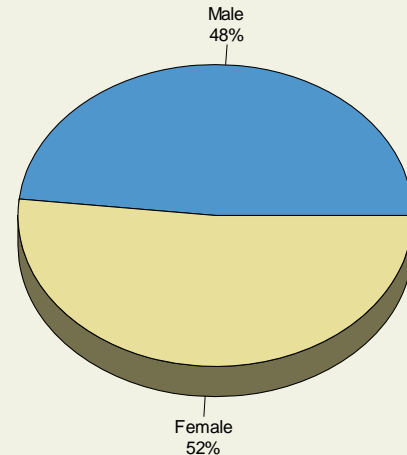


Figure 15
Age Distribution FY 2015

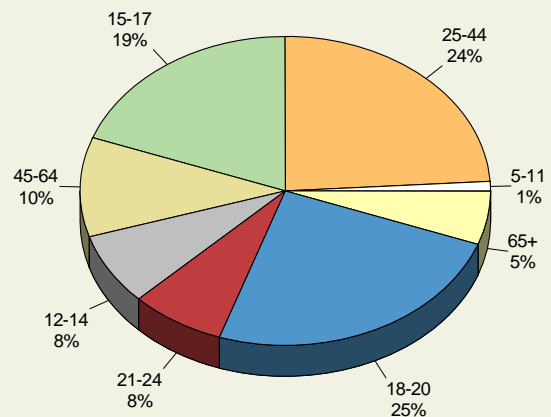
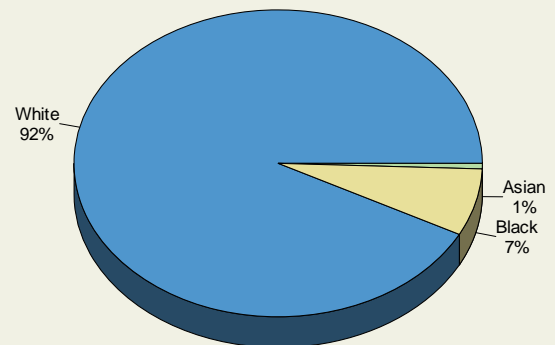
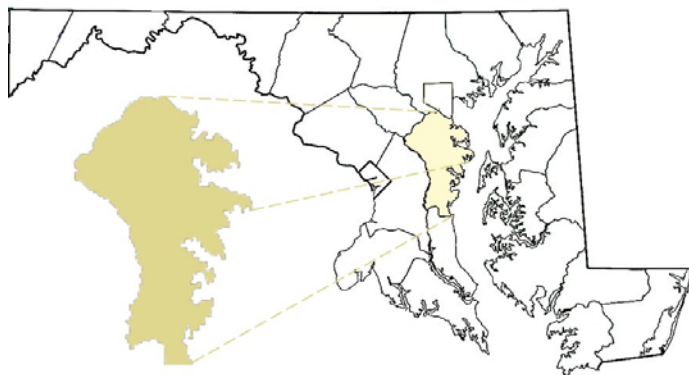


Figure 16
Race Distribution FY 2015



ANNE ARUNDEL COUNTY



Prevention Coordinator
Heather Eshleman
(410) 222-6724

SAMHSA EVIDENCE-BASED PROGRAMS

► Strengthening Families

DEMOGRAPHICS

GENDER

Figure 17 shows the countywide distribution of prevention programs for gender in fiscal year 2015. Females represented 64 percent of program participants while 36 percent of the participants countywide were male.

AGE

During fiscal year 2015, 14 percent of all those participating in prevention programs were adolescents. Thirty-six percent of Anne Arundel County residents receiving services were parents or primary care givers. Figure 18 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians (72%) and African Americans (26%) accounted for 98 percent of the racial distribution receiving prevention services in Anne Arundel County during fiscal year 2015 (Figure 19). Hispanics (2%) comprised the remaining distribution.

The total number of individuals receiving prevention services in Anne Arundel County was 2,364 in fiscal year 2015.

Figure 17
Gender Distribution FY 2015

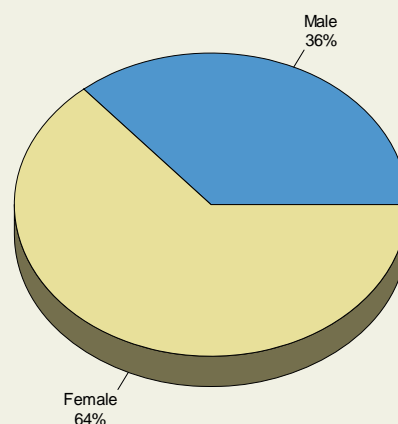


Figure 18
Age Distribution FY 2015

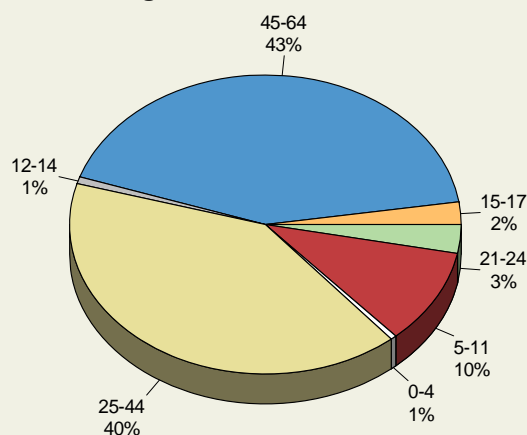
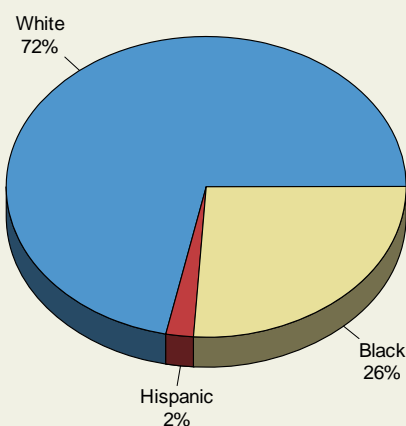
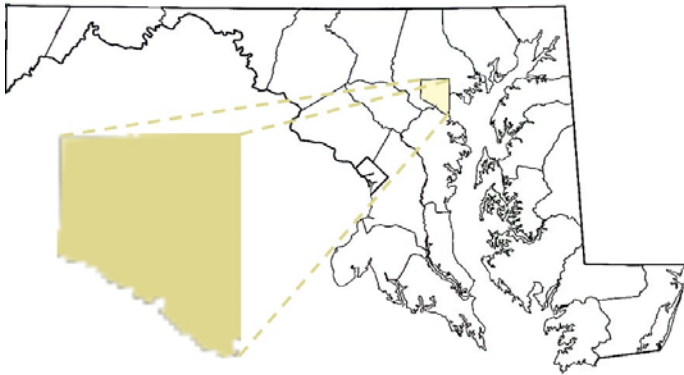


Figure 19
Race Distribution FY 2015



BALTIMORE CITY



Prevention Coordinator

Rita Mattison
(410) 637-1900

SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ Life Skills Training
- ▶ Second Step
- ▶ Strengthening Families

DEMOGRAPHICS

GENDER

Figure 20 shows the countywide distribution of prevention programs for gender in fiscal year 2015. Females represented 64 percent of program participants while 36 percent of the participants countywide were male.

AGE

During fiscal year 2015, approximately 55 percent of all individuals participating in prevention programs were adolescents. Parents or primary care givers represented 19 percent of the distribution in Baltimore City. Figure 21 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 22, African Americans accounted for 75 percent of the racial distribution receiving prevention services in Baltimore City while Caucasians comprised 19 percent during fiscal year 2015. Asians (1%) and Hispanics (5%) accounted for the remainder of the distribution.

The total number of individuals receiving prevention services in Baltimore City was 4,098 in fiscal year 2015.

Figure 20
Gender Distribution FY 2015

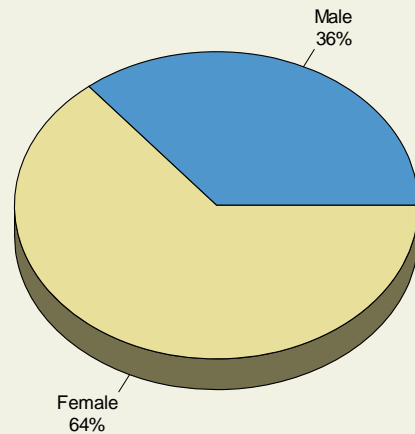


Figure 21
Age Distribution FY 2015

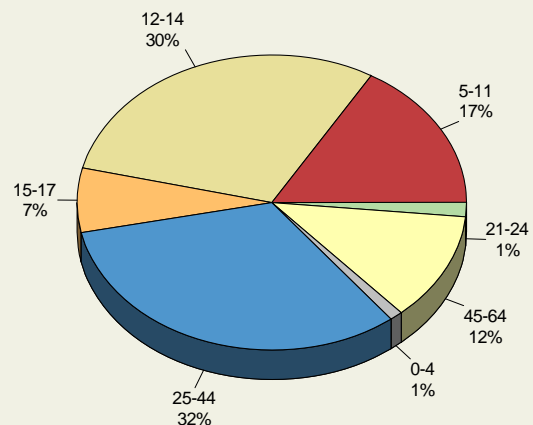
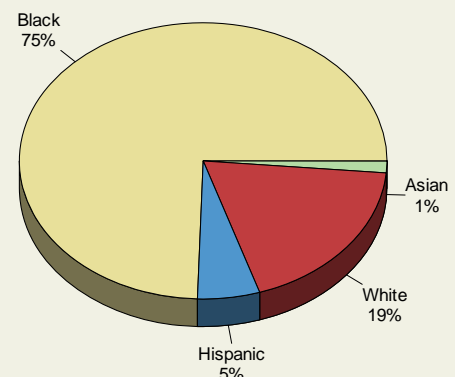
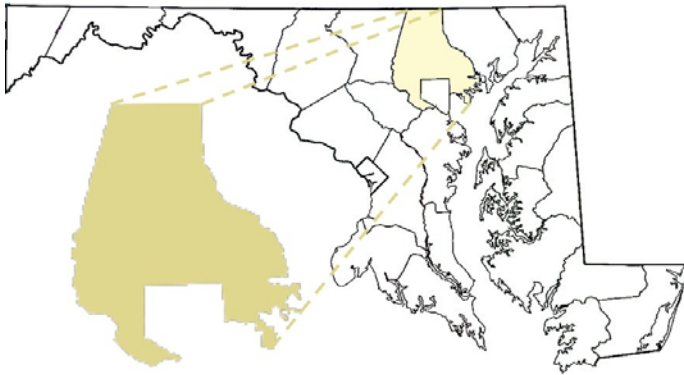


Figure 22
Race Distribution FY 2015



BALTIMORE COUNTY



Prevention Coordinator
Vicki Pfannenstien
(410) 887-3828

College Coordinator
Donna Cox
(410) 704-4214

SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ Communities Mobilizing for Change on Alcohol
- ▶ Life Skills

DEMOGRAPHICS

GENDER

Figure 23 shows the countywide distribution of prevention programs for gender in fiscal year 2015. Females represented 54 percent of program participants while 46 percent of the participants countywide were male.

AGE

Figure 24 shows the overall county distribution for age during fiscal year 2015. Parents accounted for 42 percent of those served. Adolescents represented 5 percent of individuals receiving services in Baltimore County.

RACE AND ETHNICITY

During fiscal year 2015, Caucasians accounted for 61 percent of the racial distribution while African Americans comprised 28 percent in Baltimore County (Figure 25). Asian (6%) and Hispanics (5%) accounted the remaining 11 percent of the distribution.

- The total number of individuals receiving prevention services through the Baltimore County prevention office was 67,503 in fiscal year 2015.
- The ATOD Center at Towson University served 19,461 individuals in fiscal year 2015.

Figure 23
Gender Distribution FY 2015

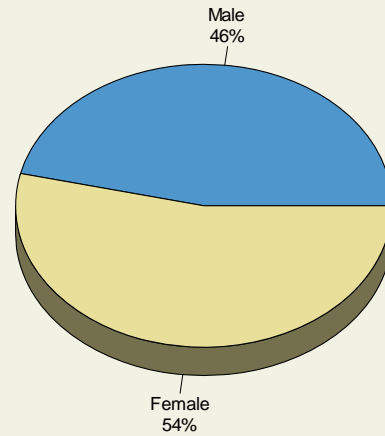


Figure 24
Age Distribution FY 2015

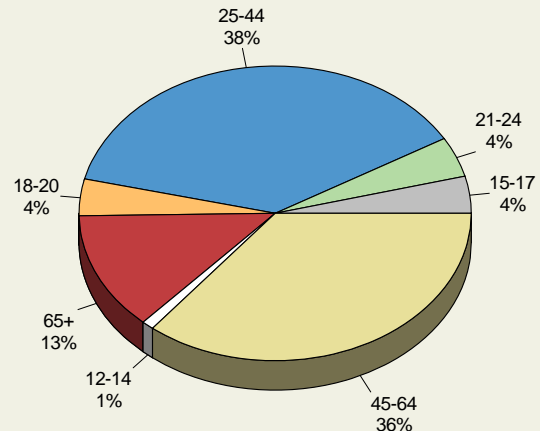
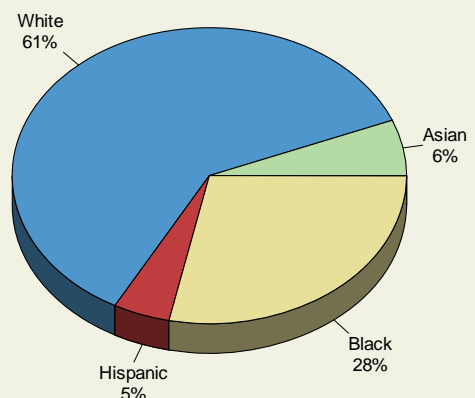
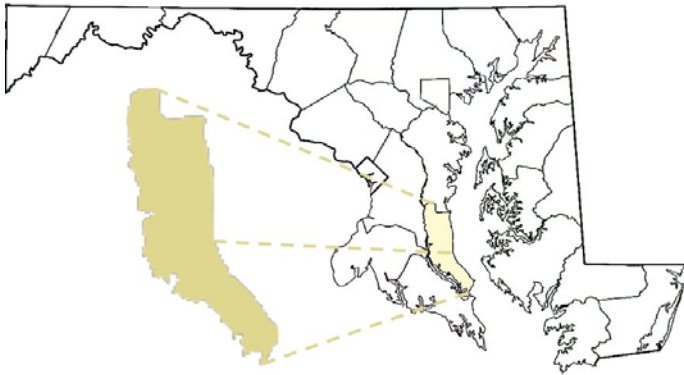


Figure 25
Race Distribution FY 2015



CALVERT COUNTY



Prevention Coordinator
Julie Mulligan
(410) 535-3079 ext. 26

SAMHSA EVIDENCE-BASED PROGRAMS

► Guiding Good Choices

DEMOGRAPHICS

GENDER

Figure 26 shows the countywide distribution of prevention programs for gender in fiscal year 2015. Females represented 52 percent of program participants while 48 percent of the participants countywide were male.

AGE

During fiscal year 2015, over half (54%) of all individuals participating in prevention programs were adolescents. Parents or primary care givers represent the next highest distribution at 16 percent for all Calvert County programs. Figure 27 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians comprised 82 percent of the racial distribution while African American accounted for 13 percent. Hispanics (2%) and Asians (3%) accounted for the remaining 5 percent of the distribution during fiscal year 2015 (Figure 28).

The total number of individuals receiving prevention services in Calvert County was 4,315 in fiscal year 2015.

Figure 26
Gender Distribution FY 2015

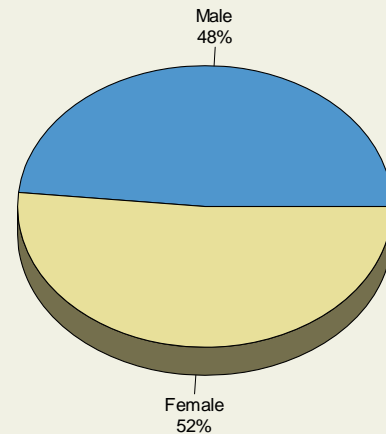


Figure 27
Age Distribution FY 2015

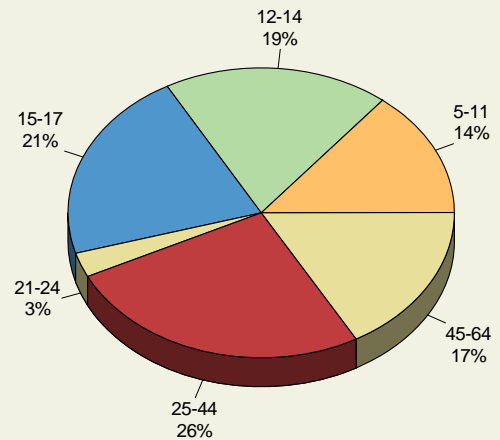
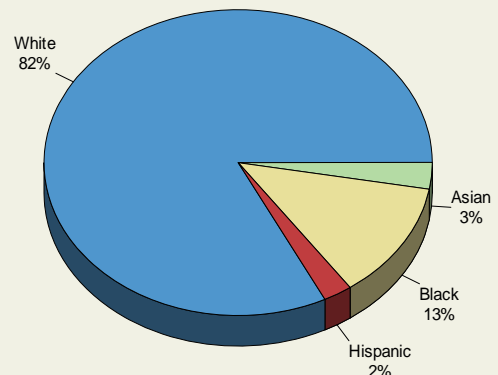
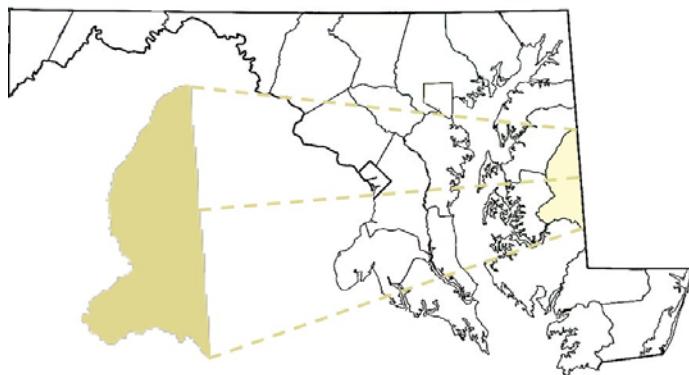


Figure 28
Race Distribution FY 2015



CAROLINE COUNTY



Prevention Coordinator
Donald Hall, Interim
(410) 479-3501

SAMHSA EVIDENCE-BASED PROGRAMS

- Communities Mobilizing for Change on Alcohol

DEMOGRAPHICS

GENDER

Figure 29 shows the countywide distribution of prevention programs for gender in fiscal year 2015. Females represented 61 percent of program participants while 39 percent of the participants countywide were male.

AGE

During fiscal year 2015, over one-third (38%) of all those participating in prevention programs were adolescents. Parents and primary caregivers represented 19 percent of individuals participating in prevention programs in Caroline County. Figure 30 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians accounted for 52 percent of the racial distribution receiving prevention services while African Americans comprised 29 percent during fiscal year 2015 (Figure 31). Hispanics (11%), American Indians (3%) and Asians (5%) accounted for the remaining 19 percent of the overall racial distribution.

The total number of individuals receiving prevention services in Caroline County was 10,364 in fiscal year 2015.

Figure 29
Gender Distribution FY 2015

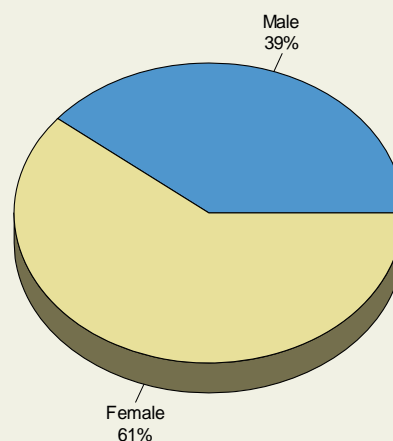


Figure 30
Age Distribution FY 2015

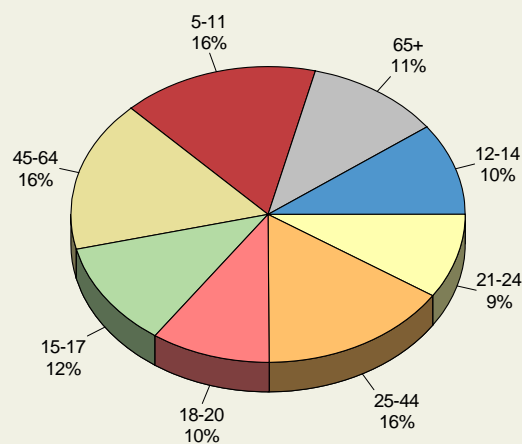
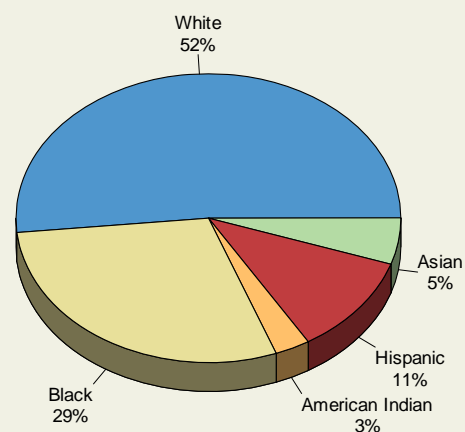
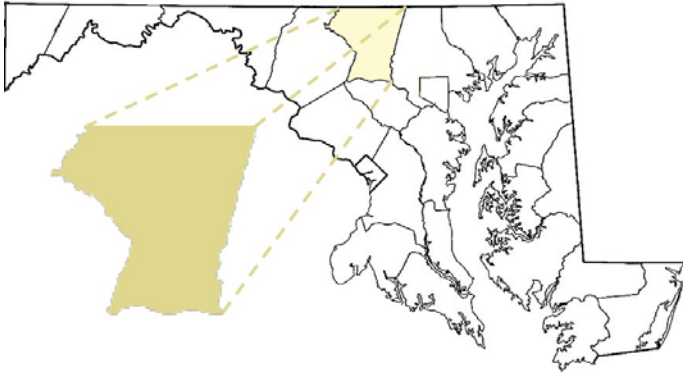


Figure 31
Gender Distribution FY 2015



CARROLL COUNTY



Prevention Coordinator
Linda Auerback
(410) 876-4800 ext.728

SAMHSA EVIDENCE-BASED PROGRAMS

► Guiding Good Choices

DEMOGRAPHICS

GENDER

Figure 32 shows the countywide distribution of prevention programs for gender in fiscal year 2015. Females represented 54 percent of program participants while 46 percent of the participants countywide were male.

AGE

During fiscal year 2015, approximately one-fifth (18%) of all those participating in prevention programs were adolescents. Parents and primary caregivers represented 33 percent of individuals attending prevention programs in Carroll County. Figure 33 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians accounted for 93 percent of the racial distribution receiving prevention services in Carroll County. African Americans (6%) and Hispanics (1%) represented the remaining ten percent of the racial distribution. Figure 34 shows the overall county distribution for Race/Ethnicity.

The total number of individuals receiving prevention services in Carroll County was 59,461 in fiscal year 2015.

Figure 32
Gender Distribution FY 2015

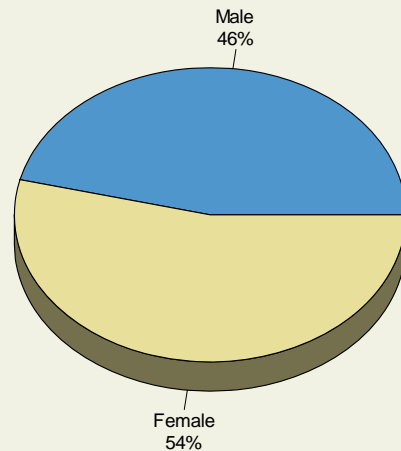


Figure 33
Age Distribution FY 2015

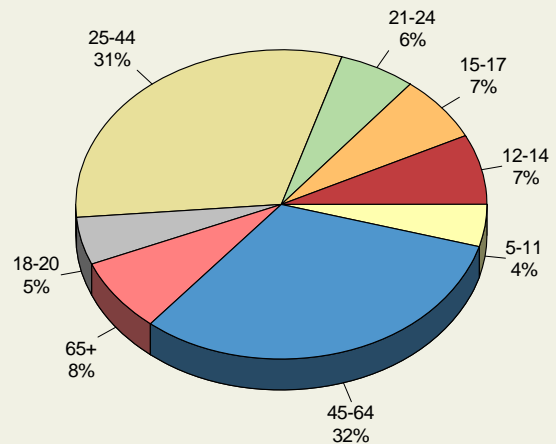
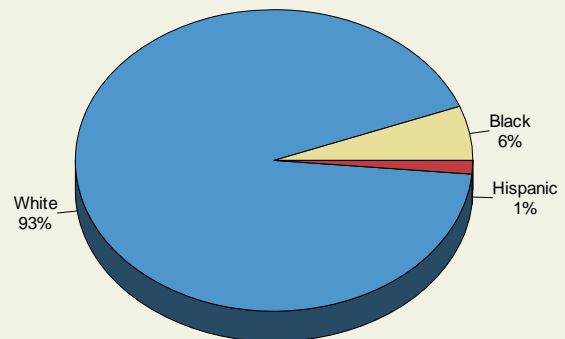
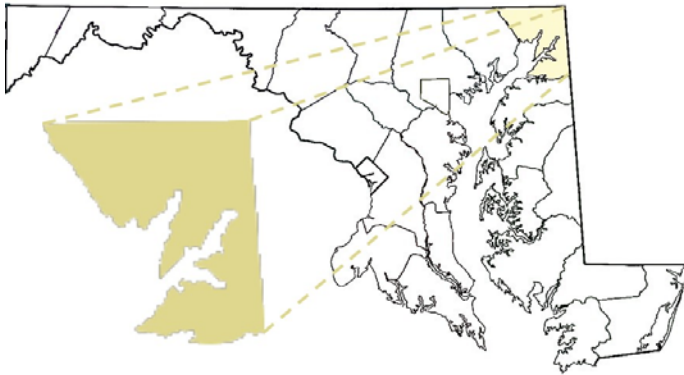


Figure 34
Race Distribution FY 2015



CECIL COUNTY



Prevention Coordinator

Mike Massuli
(410) 996-5168

SAMHSA EVIDENCE-BASED PROGRAMS

► Life Skills

DEMOGRAPHICS

GENDER

Figure 35 shows the countywide distribution of prevention programs for gender in fiscal year 2015. Females represented 51 percent of program participants while 49 percent of the participants countywide were male.

AGE

During fiscal year 2015, 21 percent of all those participating in prevention programs were parents or primary caregivers. Adolescents represented 31 percent of those receiving prevention services in Cecil County. Figure 36 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 37, Caucasians (83%) accounted for the majority of the racial distribution. African Americans (10%), Asians (2%) and Hispanics (5%) represented the remaining distribution in fiscal year 2015.

The total number of individuals receiving prevention services in Cecil County was 29,875 in fiscal year 2015.

Figure 35
Gender Distribution FY 2015

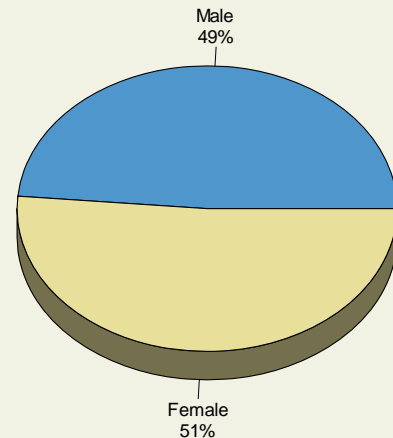


Figure 36
Age Distribution FY 2015

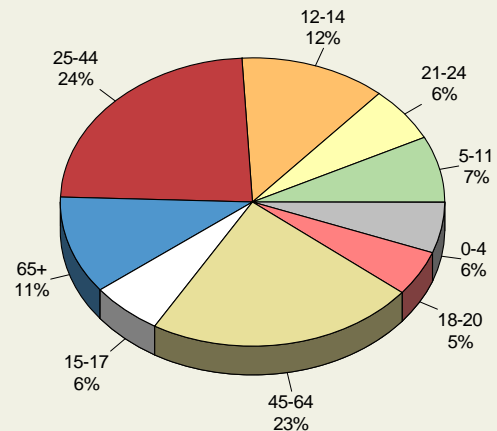
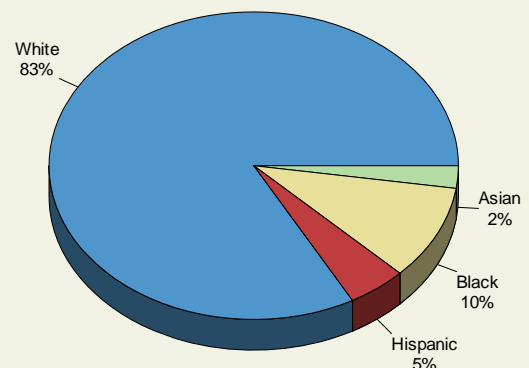
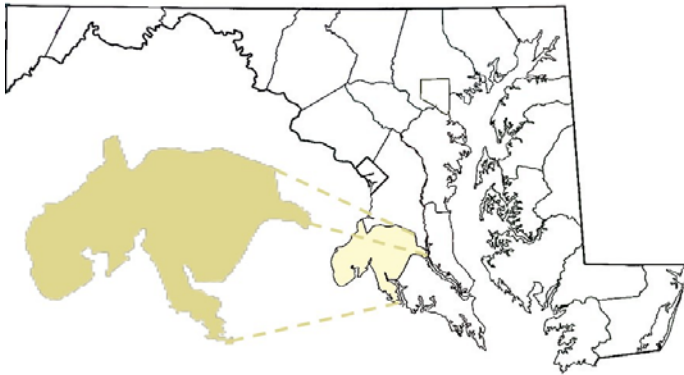


Figure 37
Race Distribution FY 2015



CHARLES COUNTY



Prevention Coordinator

Al Evans

(301) 609-6631

SAMHSA EVIDENCE-BASED PROGRAMS

► Second Step

DEMOGRAPHICS

GENDER

Figure 38 shows the countywide distribution of prevention programs for gender in fiscal year 2015. Females represented 54 percent of program participants while 46 percent of the participants countywide were male.

AGE

During fiscal year 2015, 50 percent all those participating in prevention programs were adolescents. Parents and primary care givers represented 5 percent of the age distribution for fiscal year 2015. Figure 39 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians accounted for 51 percent of the racial distribution receiving prevention services in Charles County while African Americans comprised 42 percent during fiscal year 2015 (Figure 40). Hispanics (5%) and Asians (2%) accounted for the remaining distribution.

The total number of individuals receiving prevention services in Charles County was 2,558 in fiscal year 2015.

Figure 38
Gender Distribution FY 2015

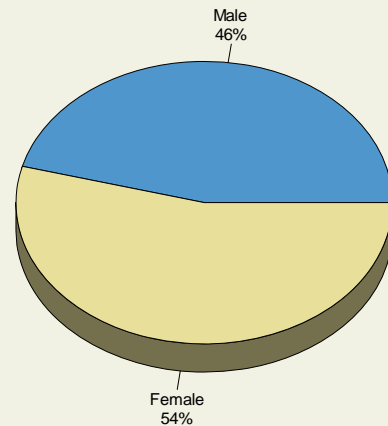


Figure 39
Age Distribution FY 2015

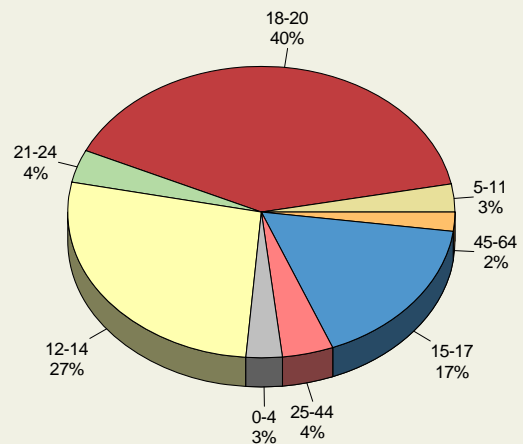
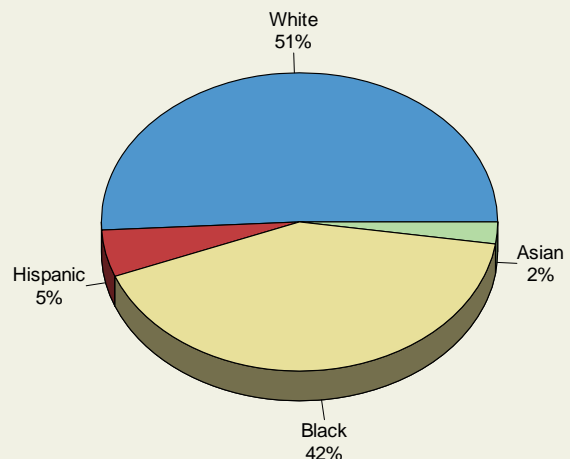


Figure 40
Race Distribution FY 2015



DORCHESTER COUNTY



Prevention Coordinator

Charlene Jones
(410) 901-8162

SAMHSA EVIDENCE-BASED PROGRAMS

► Second Step

DEMOGRAPHICS

GENDER

Figure 41 shows the gender distribution of prevention programs for fiscal year 2015. Females represented 53 percent of program participants while 47 percent of the participants countywide were male.

AGE

During fiscal year 2015, over one-half (57%) of those receiving prevention services in Dorchester County were adolescents. Parents or primary care givers accounted for 10 percent of the distribution. Figure 42 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 43, African Americans accounted for 81 percent of the racial distribution receiving prevention services in Dorchester County. Caucasians (17%), and Hispanics (2%) comprised the remaining racial distribution during fiscal year 2015.

The total number of individuals receiving prevention services in Dorchester County was 2,327 in fiscal year 2015.

Figure 41
Gender Distribution FY 2015

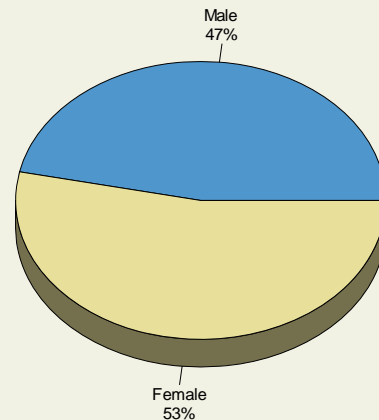


Figure 42
Age Distribution FY 2015

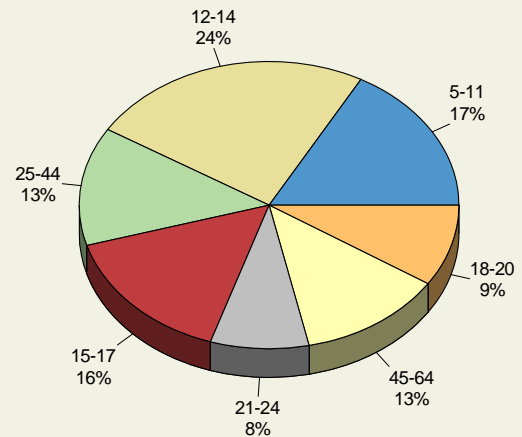
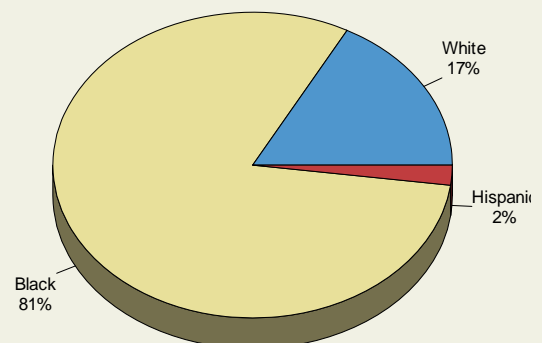
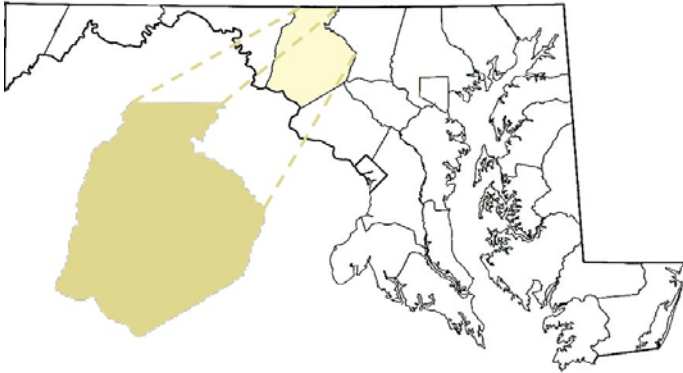


Figure 43
Race Distribution FY 2015



FREDERICK COUNTY



Prevention Coordinator
Todd Crum
(301) 600-3285

SAMHSA EVIDENCE-BASED PROGRAMS

DEMOGRAPHICS

GENDER

Figure 44 shows the countywide distribution of prevention programs for gender in fiscal year 2015. There was an equal distribution of males (50%) and females (50%) in fiscal year 2015.

AGE

During fiscal year 2015, approximately one-quarter (21%) of those receiving prevention services in Frederick County were adolescents. Parents or primary care givers accounted for 14 percent of the distribution. Figure 42 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 46, Caucasians accounted for 78 percent of the racial distribution in fiscal year 2015. African Americans (16%), Asians (3%) and Hispanics (3%) comprised the remaining 22 percent of the overall distribution.

The total number of individuals receiving prevention services in Frederick County was 63,235 in fiscal year 2015.

Figure 44
Gender Distribution FY 2015

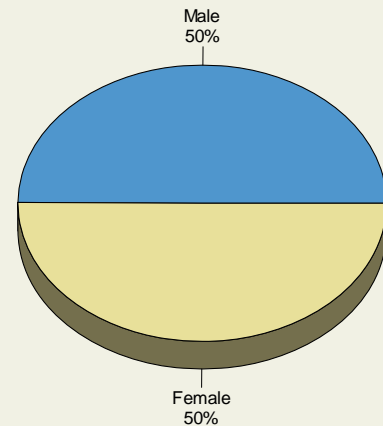


Figure 45
Age Distribution FY 2015

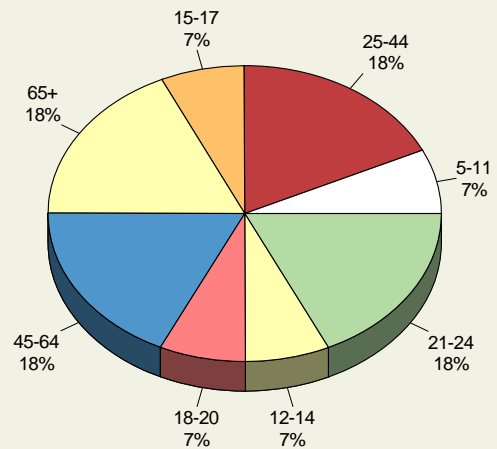
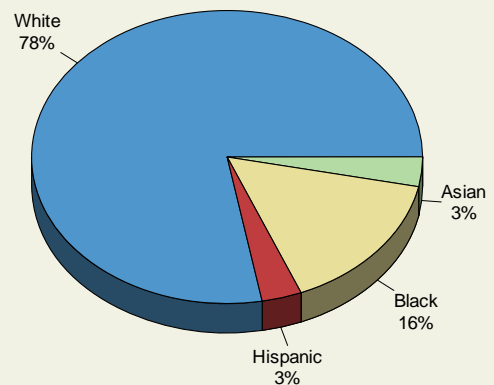
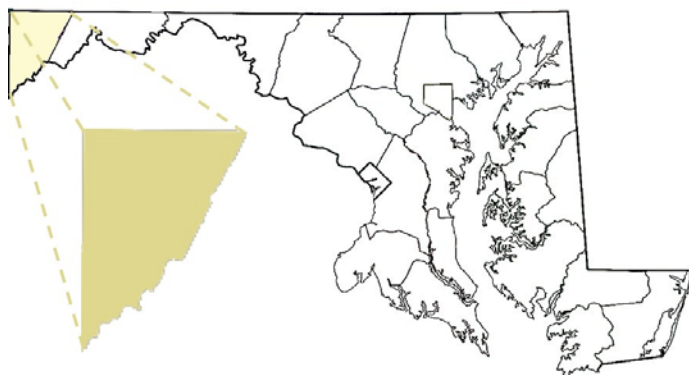


Figure 46
Race Distribution FY 2015



GARRETT COUNTY



Prevention Coordinator
Sandy Miller
(301) 334-7730

SAMHSA EVIDENCE-BASED PROGRAMS

- Parenting Wisely

DEMOGRAPHICS

GENDER

Figure 47 shows the countywide distribution of prevention programs for gender in fiscal year 2015. Females represented 61 percent of program participants while 39 percent of the participants countywide were male.

AGE

During fiscal year 2015, adolescents accounted for 66 percent of those individuals receiving prevention services in Garrett County. Parents and primary care givers comprised 8% of all those participating in prevention programs. Figure 48 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 49, Caucasians accounted for 98 percent of the racial distribution. African Americans comprised two percent (2%) of the remaining distribution receiving prevention services in Garrett County during fiscal year 2015.

The total number of individuals receiving prevention services in Garrett County was 16,634 in fiscal year 2015.

Figure 47
Gender Distribution FY 2015

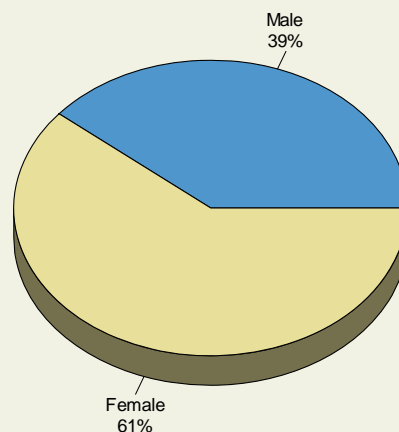


Figure 48
Age Distribution FY 2015

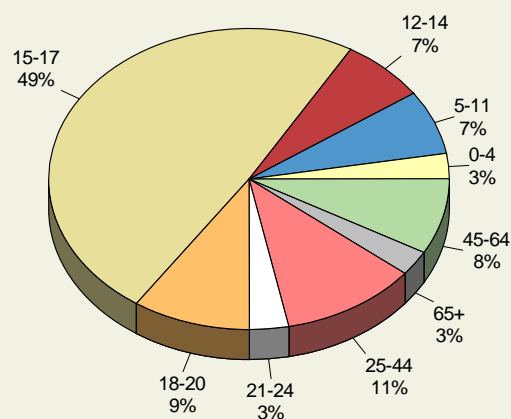
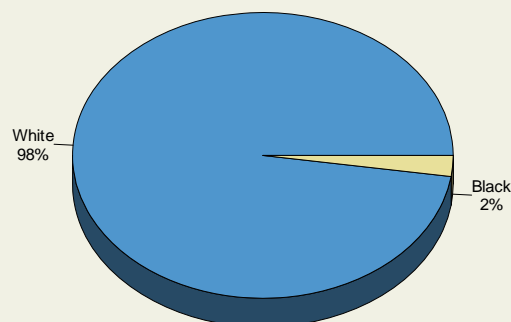
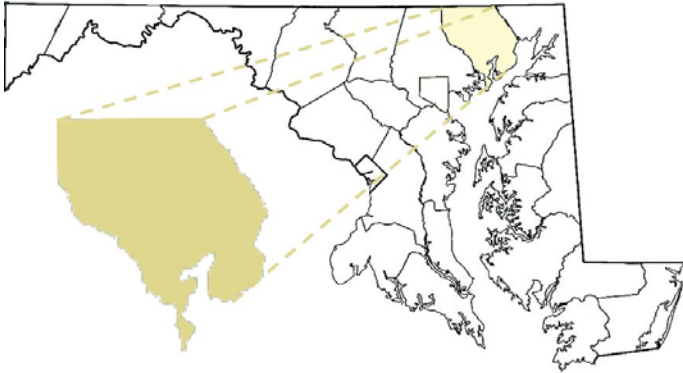


Figure 49
Race Distribution FY 2015



HARFORD COUNTY



Prevention Coordinator
Joseph Ryan
(410) 879-2000 ext. 3333

SAMHSA EVIDENCE-BASED PROGRAMS

DEMOGRAPHICS

GENDER

Figure 50 shows the countywide distribution of prevention programs for gender in fiscal year 2015. Females represented 54 percent of program participants while 46 percent of the participants countywide were male.

AGE

During fiscal year 2015, two-thirds (68%) of all those participating in prevention programs were adolescents. Parents or primary care givers represented approximately one third (5%) of the individuals receiving prevention services in Harford County. Figure 51 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 52, Caucasians accounted for 75 percent of the racial distribution receiving prevention services in Harford County while African Americans comprised 18 percent during fiscal year 2015. Hispanics (5%) and Asians (2%) accounted for the remaining seven percent of the overall distribution.

The total number of individuals receiving prevention services in Harford County was 18,396 in fiscal year 2015.

Figure 50
Gender Distribution FY 2015

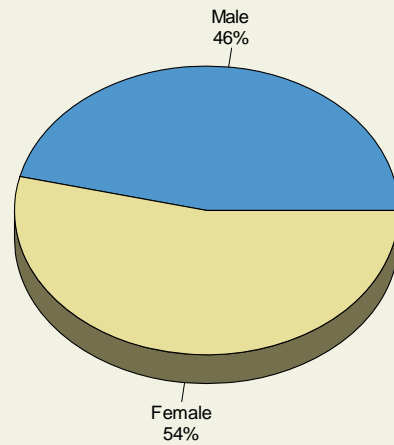


Figure 51
Age Distribution FY 2015

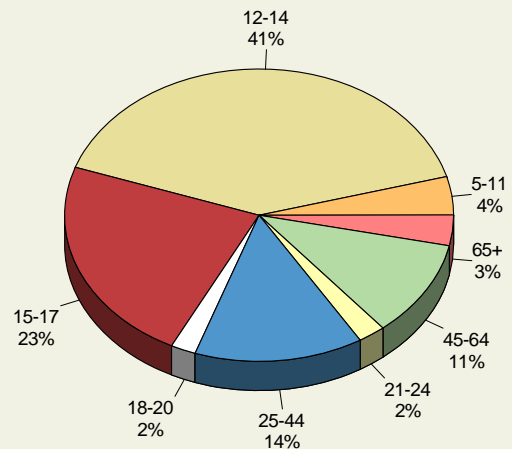
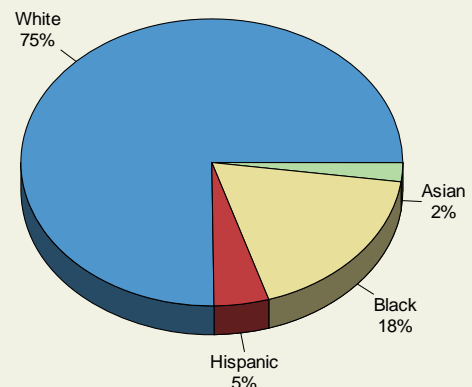
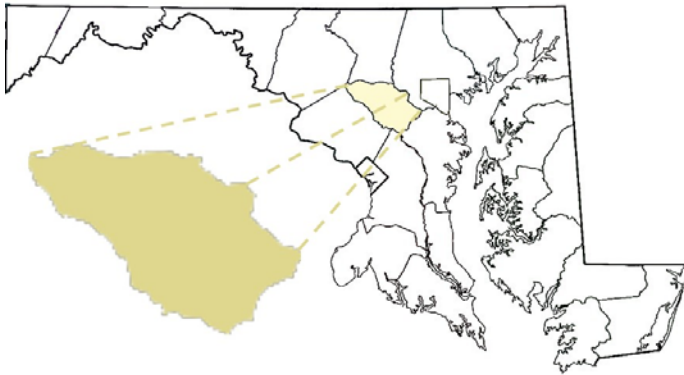


Figure 52
Race Distribution FY 2015



HOWARD COUNTY



Prevention Coordinator
Joan Webb-Scornaienchi
(443) 325-0040

SAMHSA EVIDENCE-BASED PROGRAMS

DEMOGRAPHICS

GENDER

Figure 53 shows the countywide distribution of prevention programs for gender in fiscal year 2015. Females represented 56 percent of program participants while 44 percent of the participants countywide were male.

AGE

During fiscal year 2015, Adolescents accounted for 51 percent of the distribution. Nine percent of all those participating in prevention programs were parents or primary care givers. Figure 54 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 55, Caucasians represented 47 percent of the racial distribution receiving prevention services in fiscal year 2015. African Americans (21%), Asians (21%) and Hispanics (11%) accounted for 53 percent of the remaining distribution.

The total number of individuals receiving prevention services in Howard County was 2,951 in fiscal year 2015.

Figure 53
Gender Distribution FY 2015

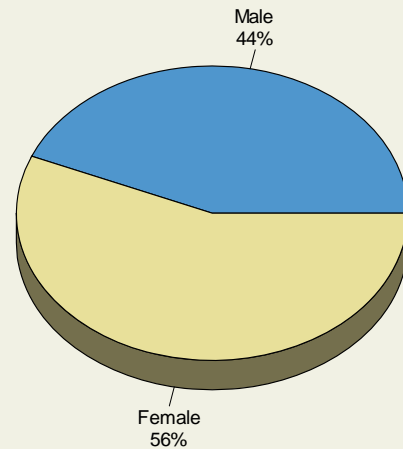


Figure 54
Age Distribution FY 2015

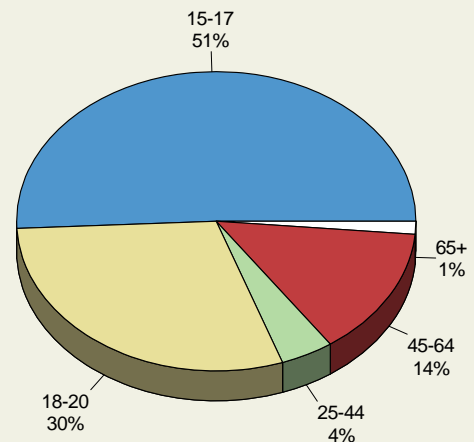
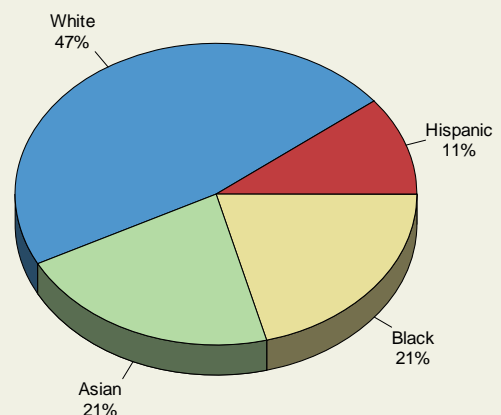
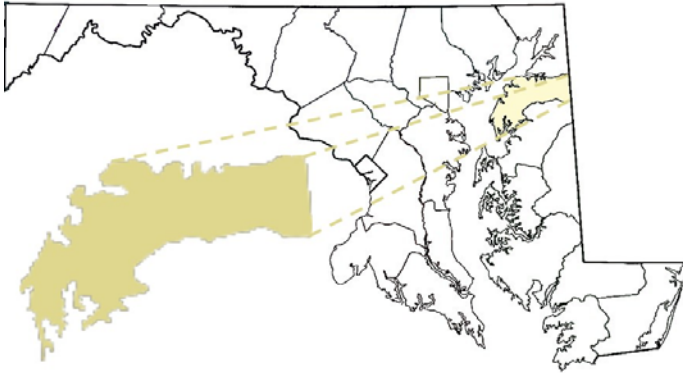


Figure 55
Race Distribution FY 2015



KENT COUNTY



Prevention Coordinator

Latosha Brooks
(410) 778-7918

SAMHSA EVIDENCE-BASED PROGRAMS

► Life Skills

DEMOGRAPHICS

GENDER

Figure 56 shows the countywide distribution of prevention programs for gender in fiscal year 2015. Females represented 61 percent of program participants while 39 percent of the participants countywide were male.

AGE

During fiscal year 2015, approximately one-third (32%) of all those participating in prevention programs were parents. Figure 57 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 58, Caucasians accounted for 64 percent of the racial distribution in Kent County while African Americans comprised 36 percent during fiscal year 2015.

The total number of individuals receiving prevention services in Kent County was 142 in fiscal year 2015.

Figure 56
Gender Distribution FY 2015

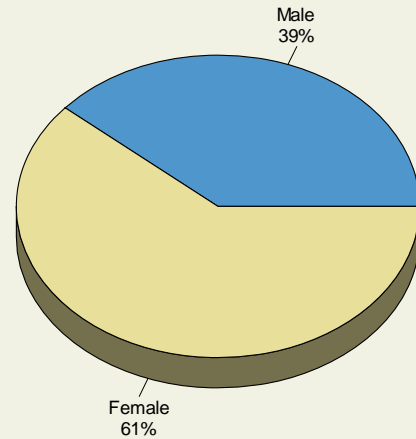


Figure 57
Age Distribution FY 2015

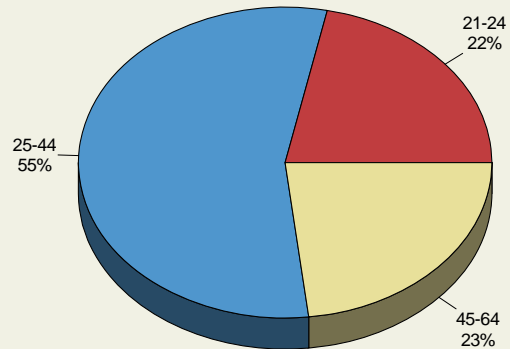
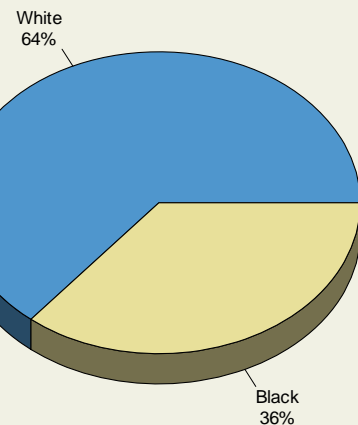
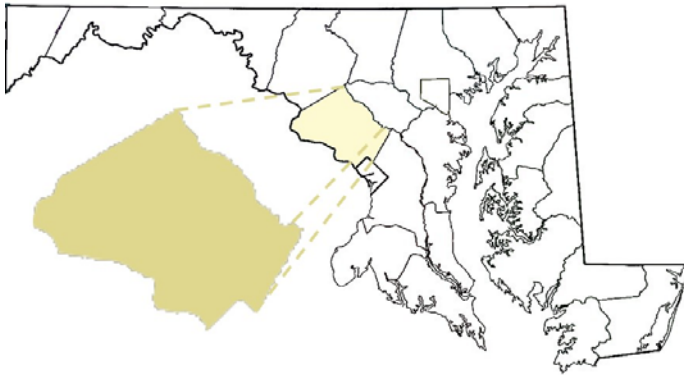


Figure 58
Race Distribution FY 2015



MONTGOMERY COUNTY



Prevention Coordinator

Ben Stevenson
(240) 777-3969

SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ Communities Mobilizing for Change on Alcohol
- ▶ Dare to be you
- ▶ Strengthening Families

DEMOGRAPHICS

GENDER

Figure 59 shows the countywide distribution of prevention programs for gender in fiscal year 2015. Females represented 65 percent of program participants while 35 percent of the participants countywide were male.

AGE

During fiscal year 2015, adolescents represented 30 percent of those individuals receiving services in Montgomery County. Parents and Primary care givers accounted for 20 percent of those receiving prevention services. Figure 60 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 61, Caucasians accounted for 39 percent of the racial distribution receiving prevention services in Montgomery County. Hispanics (36%), African Americans (19%) and Asians (6%) accounted for the remaining distribution.

The total number of individuals receiving prevention services in Montgomery County was 2,473 in fiscal year 2015.

Figure 59
Gender Distribution FY 2015

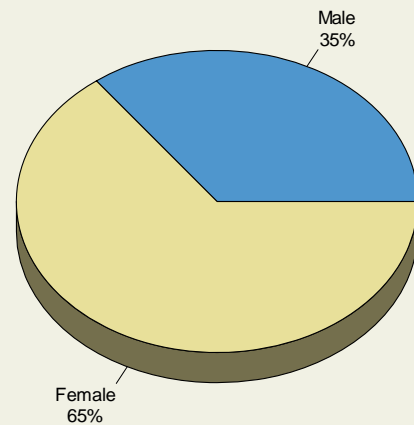


Figure 60
Age Distribution FY 2015

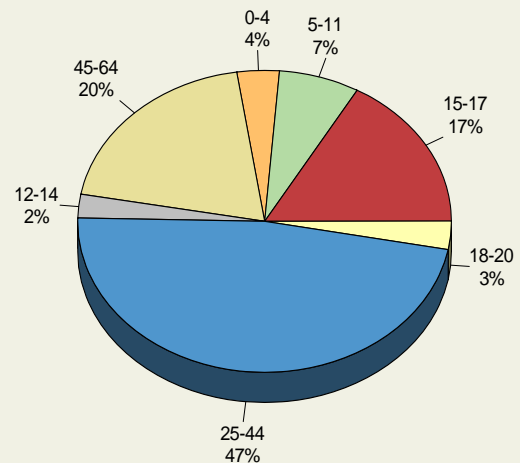
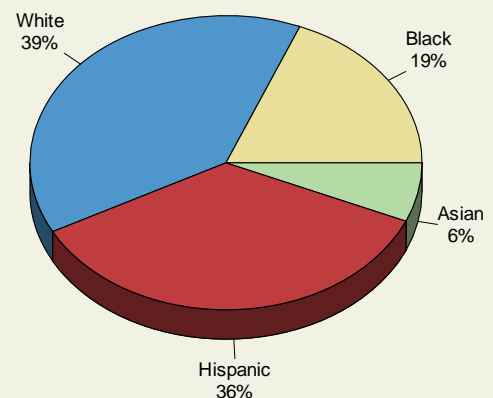
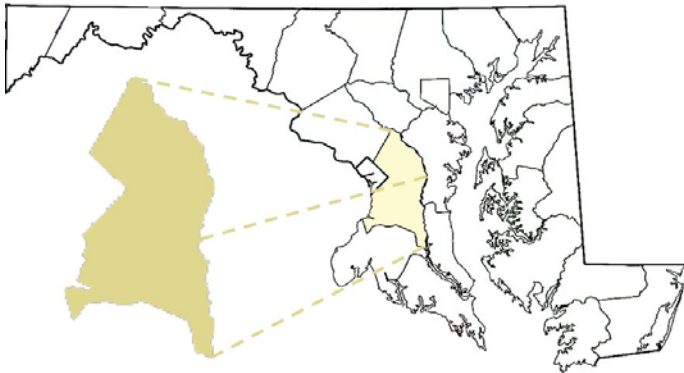


Figure 61
Race Distribution FY 2015



PRINCE GEORGE'S COUNTY



Prevention Coordinator

Patricia Ramseur
(301) 324-2991

College Coordinator

Vanessa Cooke
(301) 860-4127

SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ All Stars
- ▶ CMCA
- ▶ Dare to be you

DEMOGRAPHICS

GENDER

Figure 62 shows the countywide distribution of prevention programs for gender in fiscal year 2015. Females represented 52 percent of program participants while 48 percent of the participants countywide were male.

AGE

Figure 63 shows the age distribution in Prince George's County during fiscal year 2015. Adolescents represented more than half (59%) of the distribution. Parents accounted for 12 percent of individuals receiving prevention services.

RACE AND ETHNICITY

As shown in Figure 64, African Americans (47%) and Caucasians (27%) accounted for 74 percent of the racial distribution in Prince George's County. Asians (16%), American Indian (8%) and Hispanics (2%) accounted for the remainder of the distribution for fiscal year 2015.

- The total number of individuals receiving prevention services in Prince George's County was 52,501 in fiscal year 2015.

- The ATOD Center at Bowie State University served 3,119 individuals in fiscal year 2015.

Figure 62
Gender Distribution FY 2015

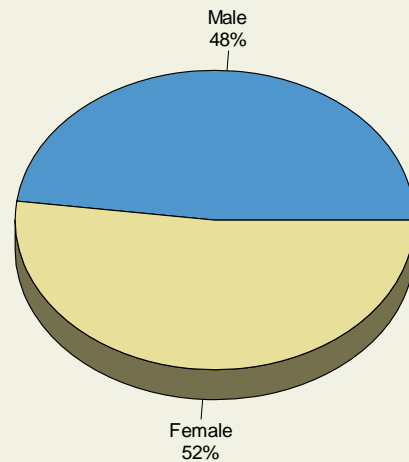


Figure 63
Age Distribution FY 2015

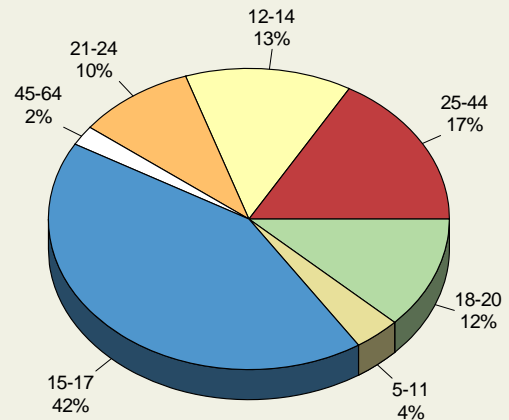
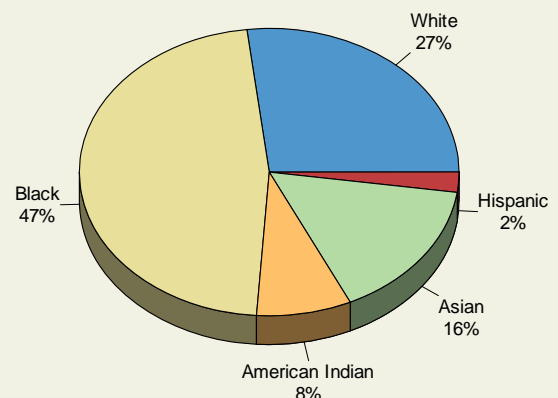
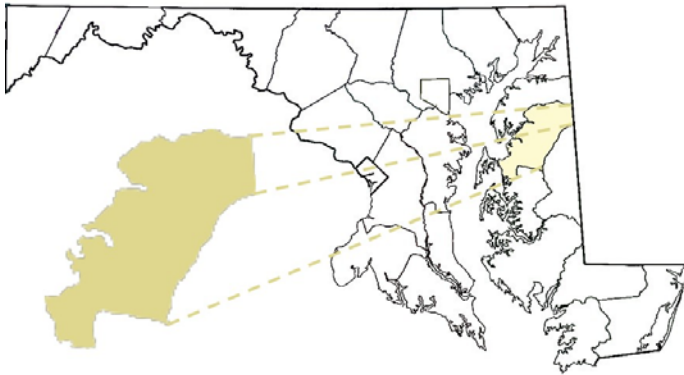


Figure 64
Race Distribution FY 2015



QUEEN ANNE'S COUNTY



Prevention Coordinator

Iris Carter

(410) 758-1306 ext. 304

SAMHSA EVIDENCE-BASED PROGRAMS

- Communities Mobilizing for Change on Alcohol

DEMOGRAPHICS

GENDER

Figure 65 shows the countywide distribution of prevention programs for gender in fiscal year 2015. Males represented 52 percent of program participants while 48 percent were female.

AGE

During fiscal year 2015, Thirty-eight percent of all those participating in prevention programs were adolescents. Parents and primary care givers accounted for 23 percent of the distribution. Figure 66 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 67, Caucasians represented 95 percent of the racial distribution receiving prevention services in Queen Anne's County. African Americans (5%) accounted for the remaining racial distribution in fiscal year 2015.

The total number of individuals receiving prevention services in Queen Anne's County was 4,491 in fiscal year 2015.

Figure 65
Gender Distribution FY 2015

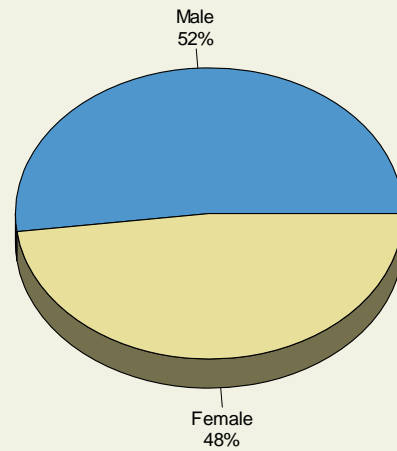


Figure 66
Age Distribution FY 2015

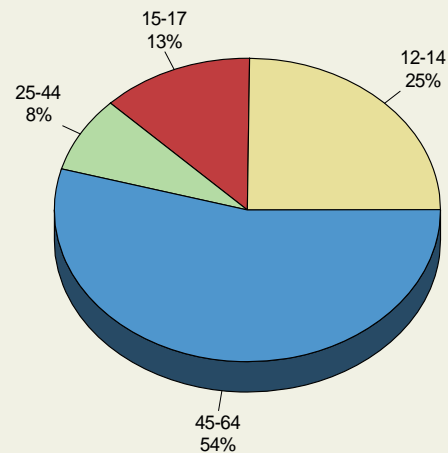
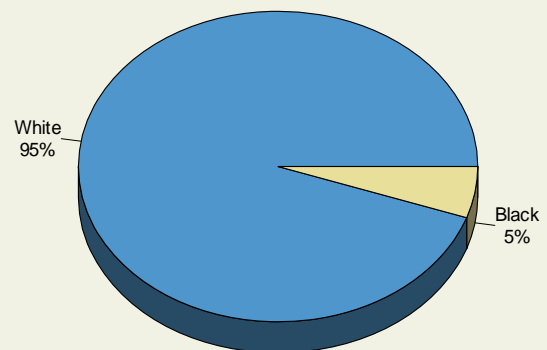
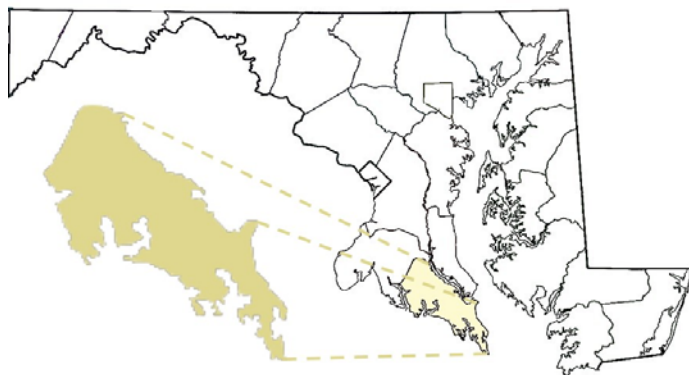


Figure 67
Race Distribution FY 2015



ST. MARY'S COUNTY



Prevention Coordinator

Maryellen Kraese
(301) 475-4200 ext. 1851

SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ Communities Mobilizing for Change on Alcohol
- ▶ Second Step

DEMOGRAPHICS

GENDER

Figure 68 shows the countywide distribution of prevention programs for gender in fiscal year 2015. Females represented 52 percent of program participants while 48 percent were male.

AGE

During fiscal year 2015, approximately one-quarter (24%) of all those participating in prevention programs were adolescents. Figure 69 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 70, Caucasians accounted for 80 percent of the racial distribution in St. Mary's County while African Americans comprised 17 percent. Asians (2%) and Hispanics (1%) accounted for the remaining 3 percent of the distribution.

The total number of individuals receiving prevention services in St. Mary's County was 1,640 in fiscal year 2015.

Figure 68
Gender Distribution FY 2015

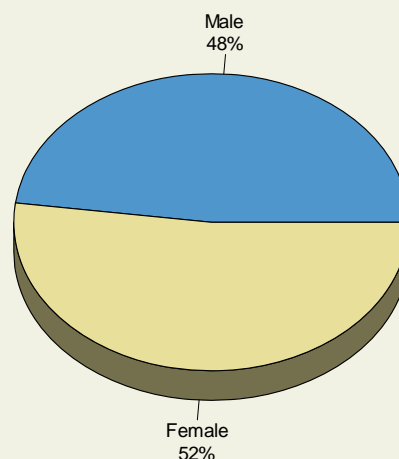


Figure 69
Age Distribution FY 2015

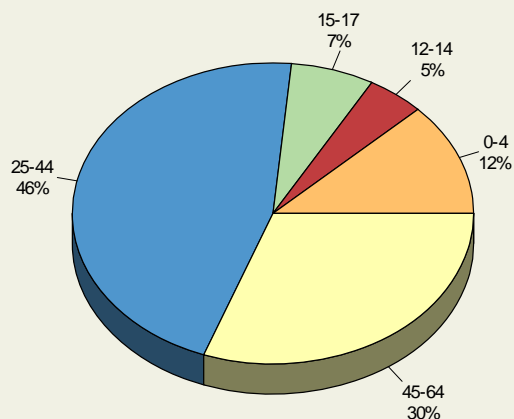
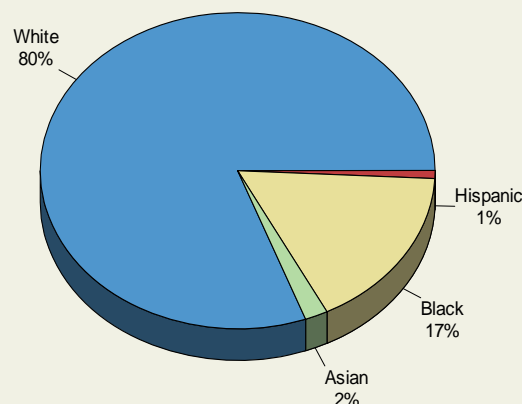
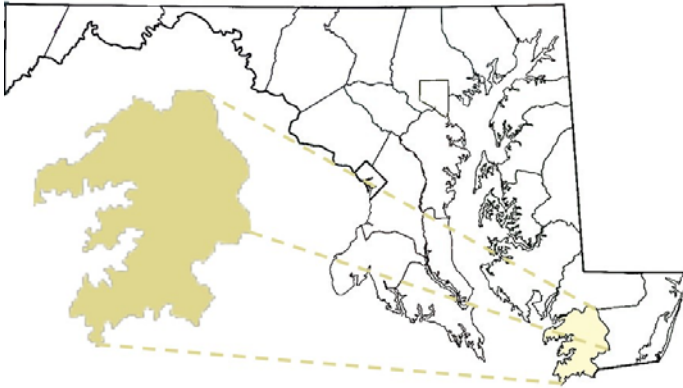


Figure 70
Race Distribution FY 2015



SOMERSET COUNTY



Prevention Coordinator
Viola Smith
(443) 523-1726

College Coordinator
Lauresa Wigfall
(410) 651-6385

SAMHSA EVIDENCE-BASED PROGRAMS

- Communities Mobilizing for Change on Alcohol

DEMOGRAPHICS

GENDER

Figure 71 shows the countywide distribution of prevention programs for gender in fiscal year 2015. Females represented 64 percent of program participants while 36 percent of the participants countywide were male.

AGE

During fiscal year 2015, approximately one-third (33%) of individuals participating in prevention programs were adolescents. Figure 72 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 73, African Americans (52%) and Caucasians (44%) accounted for 96 percent of the racial distribution in Somerset County. Hispanics (4%) accounted for the remaining racial distribution.

- The total number of individuals receiving prevention services through the Somerset County prevention office was 1,353 in fiscal year 2015.
- The ATOD Center at the University of Maryland Eastern Shore served 1,175 individuals in fiscal year 2015.

Figure 71
Gender Distribution FY 2015

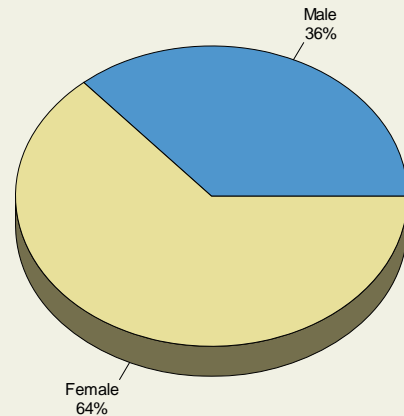


Figure 72
Age Distribution FY 2015

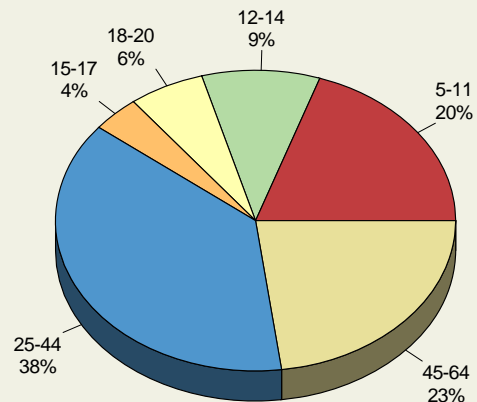
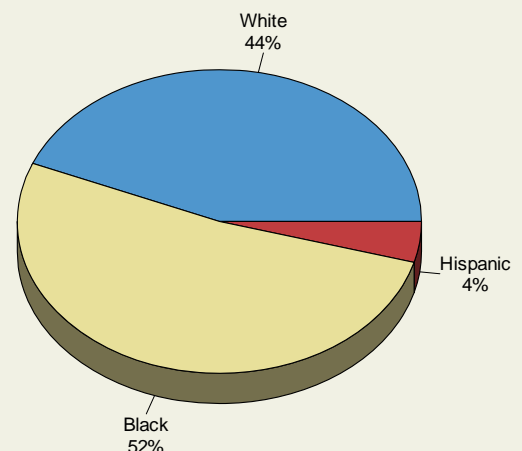
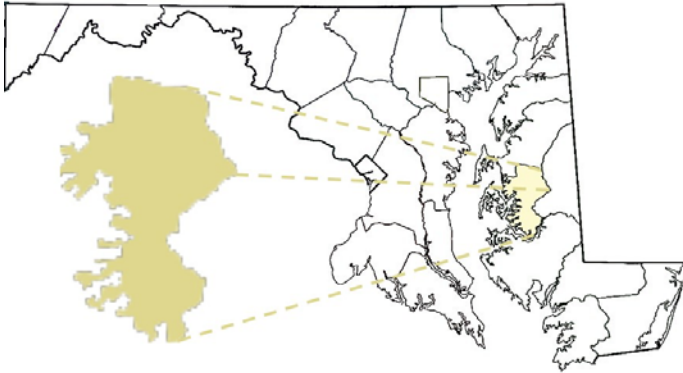


Figure 73
Race Distribution FY 2015



TALBOT COUNTY



Prevention Coordinator

Alenandra Duff
(410) 819-8067

SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ All Stars
- ▶ Communities Mobilizing for Change on Alcohol

DEMOGRAPHICS

GENDER

Figure 74 shows the countywide distribution of prevention programs for gender in fiscal year 2015. Females represented 51 percent of program participants while 49 percent of the participants countywide were male.

AGE

During fiscal year 2015, approximately one-quarter (24%) of all those participating in prevention programs were parents or primary care givers. Figure 75 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians represented for 85 percent of the racial distribution receiving prevention services. African Americans (12%) and Hispanics (3%) accounted for the remaining distribution (Figure 76).

The total number of individuals receiving prevention services in Talbot County was 7,186 in fiscal year 2015.

Figure 74
Gender Distribution FY 2015

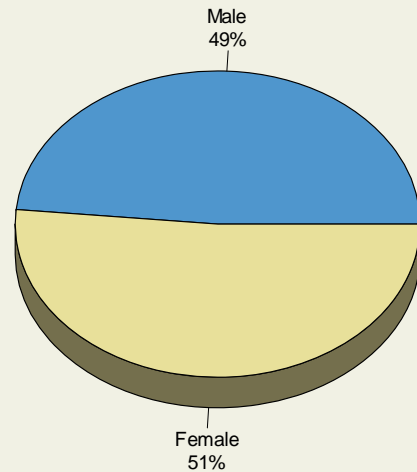


Figure 75
Age Distribution FY 2015

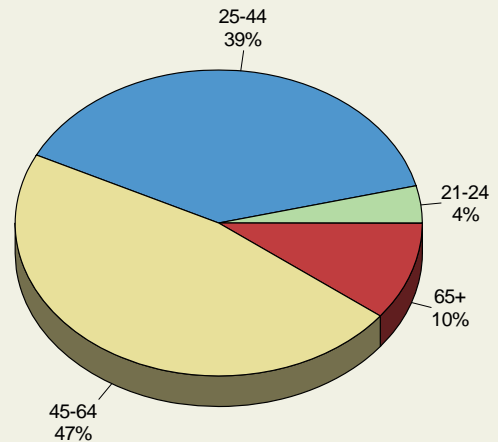
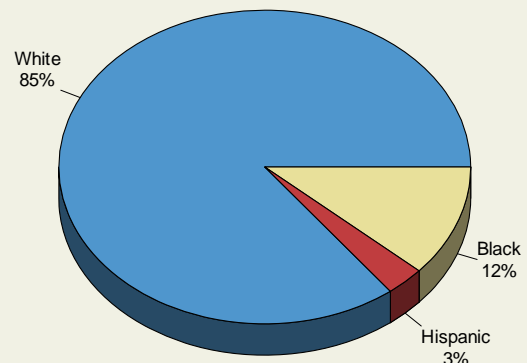


Figure 76
Race Distribution FY 2015



WASHINGTON COUNTY



Prevention Coordinator

Tammy Keener
(240) 313-3356

SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ Communities Mobilizing for Change on Alcohol
- ▶ Dare to be you
- ▶ Strengthening Families

DEMOGRAPHICS

GENDER

Figure 77 shows the countywide distribution of prevention programs for gender in fiscal year 2015. Females represented 62 percent of program participants while 38 percent of the participants countywide were male.

AGE

During fiscal year 2015, approximately one-third (31%) of those receiving prevention services were parents or primary caregivers. Figure 78 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 79, Caucasians accounted for 64 percent of the racial distribution receiving prevention services in Washington County. African Americans accounted for 36 percent of the remaining distribution.

The total number of individuals receiving prevention services in Washington County was 8,593 in fiscal year 2015.

Figure 77
Gender Distribution FY 2015

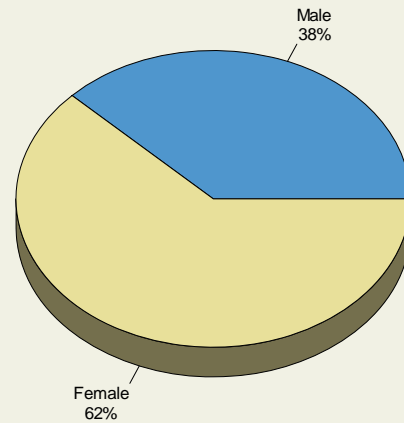


Figure 78
Age Distribution FY 2015

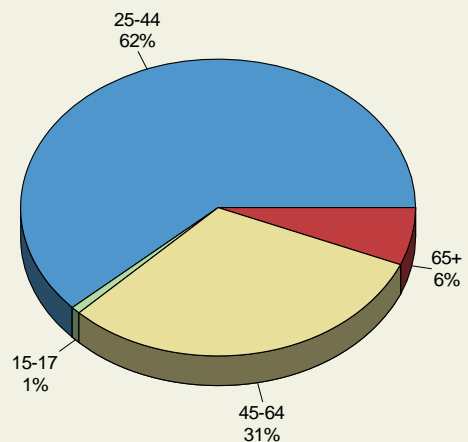
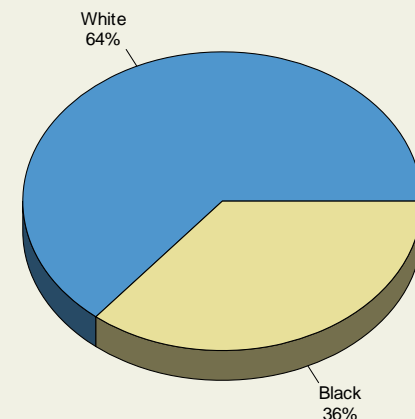
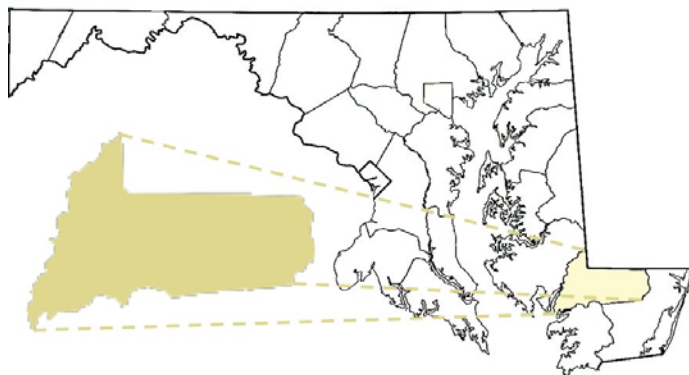


Figure 79
Race Distribution FY 2015



WICOMICO COUNTY



Prevention Coordinator

Cindy Shifler
(410) 219-7544

SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ CMCA
- ▶ Second Step
- ▶ Strengthening Families

DEMOGRAPHICS

GENDER

Figure 80 shows the countywide distribution of prevention programs for gender in fiscal year 2015. Females represented 60 percent of program participants while 40 percent of the participants countywide were male.

AGE

During fiscal year 2015, approximately one-quarter (22%) of those receiving prevention services were parents or primary caregivers. Adolescents accounted for 20 percent of individuals receiving prevention services in Wicomico County. Figure 81 shows the overall county distribution for age.

RACE AND ETHNICITY

Caucasians (54%) and African Americans (38%) accounted for 92 percent receiving prevention services in fiscal year 2015. Hispanics (7%) and Asians (1%) represented 8 percent of the remaining racial distribution (Figure 82).

The total number of individuals receiving prevention services in Wicomico County was 21,252 in fiscal year 2015.

Figure 80
Gender Distribution FY 2015

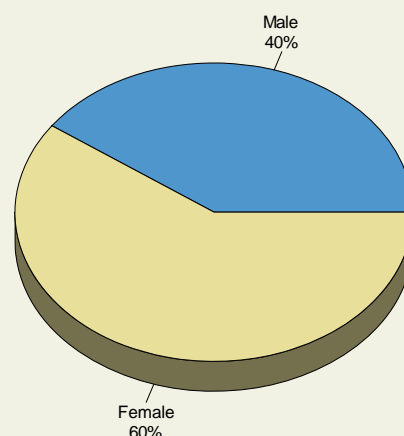


Figure 81
Age Distribution FY 2015

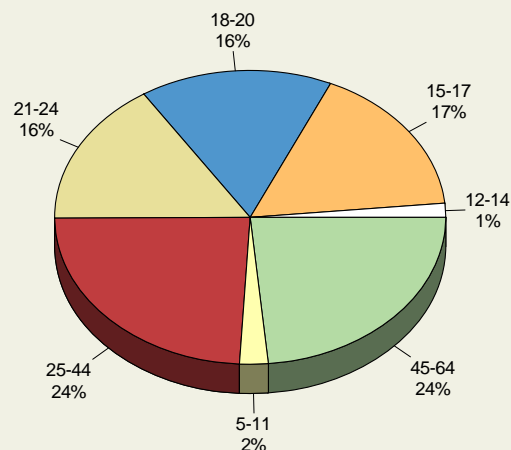
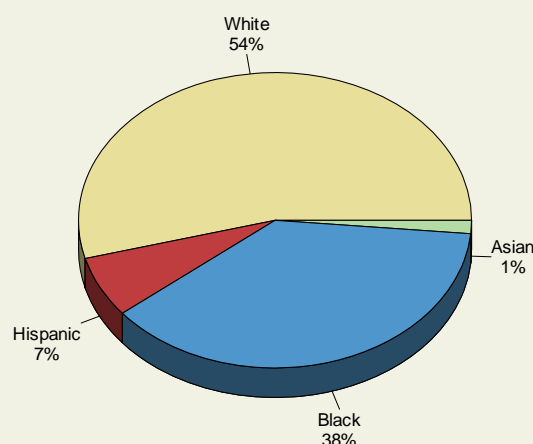
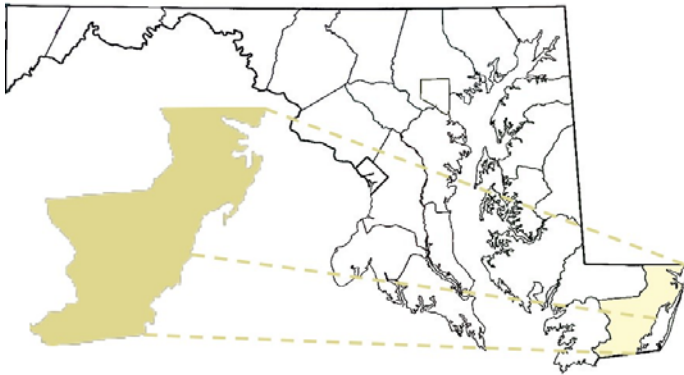


Figure 82
Race Distribution FY 2015



WORCESTER COUNTY



Prevention Coordinator

David Baker
(410) 632-1100

SAMHSA EVIDENCE-BASED PROGRAMS

- ▶ All Stars
- ▶ Guiding Good Choices
- ▶ Life Skills
- ▶ Parenting Wisely

DEMOGRAPHICS

GENDER

Figure 83 shows the countywide distribution of prevention programs for gender in fiscal year 2015. Males represented 51 percent of program participants while 49 percent of the participants countywide were female.

AGE

During fiscal year 2015, two-thirds (68%) of those participating in prevention programs were adolescents. Figure 84 shows the overall county distribution for age.

RACE AND ETHNICITY

As shown in Figure 85, Caucasians (54%) and African Americans (38%) represented 92 percent of those receiving prevention services in Worcester County. Asians (5%) and Hispanics (3%) accounted for the remaining racial distribution during fiscal year 2015.

The total number of individuals receiving prevention services in Worcester County was 17,592 in fiscal year 2015.

Figure 83
Gender Distribution FY 2015

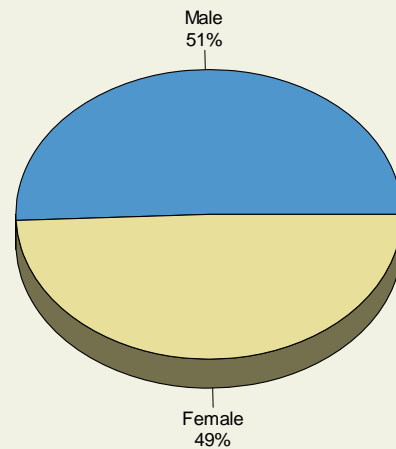


Figure 84
Age Distribution FY 2015

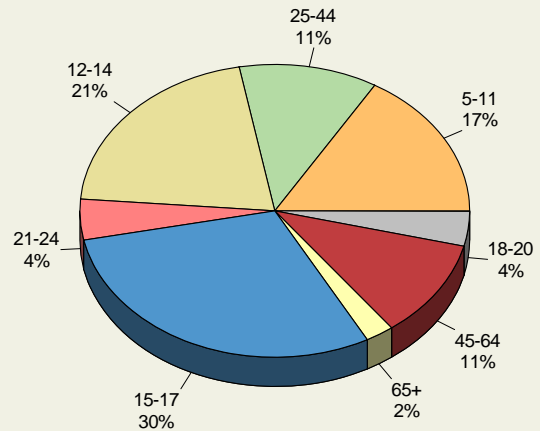
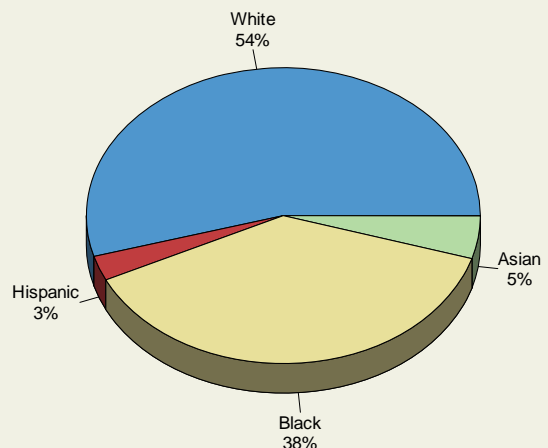


Figure 85
Race Distribution FY 2015



DEFINITIONS OF CSAP STRATEGIES AND ACTIVITIES

All strategies and service type codes reported in the Prevention Program Annual Report by each individual program are based on CSAP's six primary prevention strategies. These six strategies provide a common framework for data collection on primary prevention services. During fiscal year 2015, BHA promoted all of the following six CASP strategies.

ALTERNATIVES - This Alternatives strategy provides for the participation of target populations in activities that exclude substance abuse. The assumption is that constructive and healthy activities offset the attraction to or otherwise meet the needs usually filled by alcohol, tobacco, and other drugs and would therefore minimize or remove the need to use these substances.

Activities for this strategy:

1. Alcohol/Tobacco/Drug-Free Social/Recreational Events
2. Community Drop-In Centers
3. Community Service Activities
4. Youth/Adult Leadership Activities

COMMUNITY-BASED PROCESS - Community-based process strategies aim to enhance the ability of the community to more effectively provide substance abuse prevention and treatment. Services in this strategy include organizing, planning, and enhancing the efficiency and effectiveness of services implementation, interagency collaboration, coalition building and network building.

Activities for this strategy:

1. Assessing Services and Funding
2. Assessing Community Needs
3. Community and Volunteer Services
4. Formal Community Teams and Activities
5. Training Services and Technical Assistance
6. Systematic Planning

EDUCATION - Substance abuse prevention education involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator and/or facilitator and the participants is the basis of its components. Services under this strategy aim to improve critical life and social skills, including decision-making, refusal skills, critical analysis, and systematic judgment abilities.

Activities for this strategy:

1. Children of Substance Abuse (COSA) Groups
2. Education Programs for Youth
3. Parenting and Family Management
4. Preschool ATOD Prevention Programs
5. Peer Leader/Helper Programs
6. Ongoing Classroom and/or Small Group Sessions

DEFINITIONS OF CSAP STRATEGIES AND ACTIVITIES

ENVIRONMENTAL - The environmental strategy establishes or changes written and unwritten community standards, codes and attitudes thereby influencing the incidence and prevalence of the abuse of alcohol, tobacco and other drugs by the general population. This strategy is divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to service- and a-oriented initiatives.

Activities for this strategy:

1. Public Policy Efforts
2. Changing Environmental Codes, Ordinances, Regulations and Legislation
3. Preventing Underage Alcohol Sales
4. Preventing Underage Sale of Tobacco and Tobacco Products (SYNAR)

INFORMATION DISSEMINATION - Information Dissemination provides awareness and knowledge of the nature and extent of substance abuse and addiction and its effects on individuals, families, and communities. The strategy is also intended to increase knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.

Activities for this strategy:

1. Clearinghouse/Information Resource Center (brochures, pamphlets and other literature)
2. Health Fairs
3. Health Promotion
4. Media Campaigns
5. Resource Directories
6. Speaking Engagements

PROBLEM ID AND REFERRAL - Problem identification and referral aims to classify those who have indulged in illegal or age inappropriate use of tobacco or alcohol and those who have indulged in the first use of illicit drugs and to assess whether their behavior can be reversed through education. It should be noted, however, that this strategy does not include any function designed to determine whether a person is in need of treatment.

Activities for this strategy:

1. Employee Assistance Programs
2. Student Assistance Programs
3. DUI/DWI Programs
4. Prevention Assessment and Referral Services

ACRONYMS AND ABBREVIATIONS

BHA	<i>Behavioral Health Administration</i>
ATOD	<i>Alcohol, Tobacco and Other Drugs</i>
CSAP	<i>Center For Substance Abuse Prevention</i>
DHMH	<i>Department of Health and Mental Hygiene</i>
FY	<i>Fiscal Year</i>
IOM	<i>Institute of Medicine</i>
MDS	<i>Minimum Data Set</i>
MIS	<i>Management Information Systems</i>
NIDA	<i>National Institute on Drug Abuse</i>
NREPP	<i>National Registry of Evidence-based Programs and Practices</i>
SAMHSA	<i>Substance Abuse and Mental Health Services Administration</i>

www.bha.dhmmh.maryland.gov

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